


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000006495 1. Entity Name MAX & PEARL ANN MARCO FAMILY FOUNDATION, INC.	
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Principal Place of Business 7000 ISLAND BLVD. #2402 MIAMI, FL 33160	Mailing Address 7000 ISLAND BLVD. #2402 MIAMI, FL 33160
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARCO, MAX 7000 ISLAND BLVD #2402 MIAMI, FL 33160	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCO, MAX 7000 ISLAND BLVD., #2402 MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCO, PEARL A 7000 ISLAND BLVD., #2402 MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCO, DAVID 9 ISABELLA WAY DEMAREST, NJ 07627
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Ma</i>

600059772306
09/20/05--01012--019 **\$61.50

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Max Marco* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

FILED
05 SEP 20 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 20 2005



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0713646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	