2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N97000001346

Entity Name: THE SOFFER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

19501 BISCAYNE BLVD
SUITE #400
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19501 BISCAYNE BLVD
SUITE #400
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 31-1519743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOFFER, MARSHA
19501 BISCAYNE BLVD
SUITE 400
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SOFFER, DON
Address: 19501 BISCAYNE BLVD, #400
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete
Name: SOFFER, MARSHA
Address: 19501 BISCAYNE BLVD, #400
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete
Name: SOFFER, JEFFREY
Address: 19501 BISCAYNE BLVD, #400
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete
Name: SOFFER, JACQUELYN
Address: 19501 BISCAYNE BLVD, #400
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD SOFFER D 04/28/2004

Electronic Signature of Signing Officer or Director — Date