


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003073

1. Entity Name
LITOWITZ FOUNDATION, INC.



Principal Place of Business Mailing Address

11401 BIRD RD., STE. 370 **11401 BIRD RD., STE. 370**
MIAMI, FL 33165 **MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0763609 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M
ONE SE 3RD AVENUE
STE 2400
MIAMI, FL 33131

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000799418
 01/30/08-80068-009 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | LITOWITZ, ROBERT |
| STREET ADDRESS | 11401 BIRD RD., STE. 370 |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | D |
| NAME | LITOWITZ, DONNA M |
| STREET ADDRESS | 11401 BIRD RD., STE. 370 |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | D |
| NAME | LITOWITZ, BUDD |
| STREET ADDRESS | 11401 BIRD RD., STE. 370 |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | D |
| NAME | LITOWITZ, SUSAN |
| STREET ADDRESS | 11401 BIRD RD., STE. 370 |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | D |
| NAME | LITOWITZ, ARTHUR |
| STREET ADDRESS | 11401 BIRD RD., STE. 370 |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert Litowitz* **1-20-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #