


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90058 007 ****70.00

DOCUMENT # N97000003198	
1. Entity Name MBM FAMILY FOUNDATION, INC.	

Principal Place of Business 5104 SW 72ND AVE. MIAMI, FL 33155	Mailing Address 5104 SW 72ND AVE. MIAMI, FL 33155
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50014594



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0773843	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUCHBINDER, MARK 5104 S W 72ND AVENUE MIAMI, FL 33155		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00** May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHBINDER, MARK			NAME			
STREET ADDRESS	5104 SW 72ND AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHBINDER, MARJORIE A			NAME			
STREET ADDRESS	5104 SW 72ND AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHBINDER, LAURA M			NAME			
STREET ADDRESS	5104 SW 72 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTMAN, EMILY B			NAME			
STREET ADDRESS	638 NORTH TOPANGA CANYON BLVD			STREET ADDRESS			
CITY-ST-ZIP	TOPANGA, CA 90290			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEADLE, ELIZABETH B			NAME			
STREET ADDRESS	4628 PEBBLE CREEK DRIVE			STREET ADDRESS	5104 SW 72 AVENUE		
CITY-ST-ZIP	PENSACOLA, FL 32526			CITY-ST-ZIP	MIAMI, FL 33155		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Mark Buchbinder 2/1/05 305-669-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #