




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000001827 1. Entity Name THE LEAR FOUNDATION, INC.						FILED 04 MAY 12 PM 4:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 13801 40TH ST. S. WELLINGTON, FL 33414				Mailing Address 2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133			
2. Principal Place of Business		3. Mailing Address				04072004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0929310 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133						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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP EYAL, PERETZ <input type="checkbox"/> Delete 6303 SW 44TH STREET MIAMI, FL 33155			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peretz, Eyal 6303 S.W. 44th Street Miami, FL 33155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARGUETTY, ISAAC 2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800036268378 05/13/04--01057--005 **1098.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete RICHARDS, TIMOTHY D 2665 S. BAYSHORE DR. #703 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Isaac Arguetty</u> 				4/7/04 (305) 858-9900			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			