## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N9900004528

1. Entity Name

WEISER FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

3250 MARY ST

COCONUT GROVE, FL 33133

3250 MARY ST COCONUT GROVE, FL 33133

## FILED Apr 08, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03212005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0979352 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FRIEDMAN, HARRY J GREENBERG TRAURIG, P.A. 1221 BRICKELL AVE MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the tions of registered agent	purpose of changing its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and take	f applicable. (NOTE, Registered Agent sig	nature_required when reinstating}	DATE
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campalgn Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFTON, DONALD E 3250 MARY ST COCONUT GROVE, FL 33133			U00000293317 04/08/05-80024-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISER, DOUGLAS 3250 MARY ST COCONUT GROVE, FL 33133			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISER, WARREN 3250 MARY ST COCONUT GROVE, FL 33133		DO	NOT WRITE
TITLE NAME STREET ADORESS CITY-ST-ZIP	D WEISER, BRADLEY 3250 MARY ST COCONUT GROVE, FL 33133		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME			·	

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 of 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BRECTOR

4/4/05

305-461-2228