2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006163

Name:

Address:

City-St-Zip:

DANKIN, PETER A

757 THIRD AVE., 23 FLOOR

NEW YORK, NY 10017

Entity Names DANIKINI FAMILY FOLINDATION

FILED Jul 02, 2004 Secretary of State

Entity Name: DANKIN FAMILY FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O ALEXANDER DANKIN 255 VIA BELLARIA PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** C/O ALEXANDER DANKIN 255 VIA BELLARIA PALM BEACH, FL 33480 FEI Number: 65-0957469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVID PRATT, P.A. C/O MORRIS & PRATT 2500 N. MILITARY TRAIL #175 BOCA RATON, FL 33431 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DANKIN, ALEXANDER Name: Name: Address: 255 VIA BELLARIA Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition DANKIN, DOROTHY Name: Name: Address: 255 VIA BELLARIA Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition PRATT, DAVID Name: Name: C/O 2500 N. MILITARY TRAIL #175 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXANDER DANKIN D 07/02/2004