


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000007301 1. Entity Name LEFTON FAMILY FOUNDATION, INC.	
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Principal Place of Business 3250 MARY STREET MIAMI, FL 33133	Mailing Address 3250 MARY STREET MIAMI, FL 33133
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01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0976183	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 LEFTON, DONALD E 3250 MARY STREET MIAMI, FL 33133	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFTON, DONALD E 3250 MARY STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFTON, JUDITH 3250 MARY STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, ROBYN 3250 MARY STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABATCHNICK, LISA M 3250 MARY STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000621765
02/12/07-80030-003 61.25

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:  **DONALD E. LEFTON** 2/1/07 305-445-4819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #