2004 FOR PROFIT CORPORATION

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ANNUAL REPORT			Secretary of State	
DOCUMENT # P0000002396 1. Entity Name LEIBOWITZ FAMILY INVESTMENTS, INC.				secretary or state
CIANA LANE	Mailing Address 1 S.E. THIRD AVENUE SUITE 1450 MIAMI, FL 33131		A SANGKATA INI KANIK ATINI	
			01262004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0998659 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required	
LEIBOWITZ, MATTHEW L. ONE SE 3RD AVENUE SUITE 1450 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE		
tions of registered agent.				oth, in the State of Florida II am familiar with, and accept
lay 1, 2004 Fee will be \$550.00	Trust Fund Contribution			U00000156489 05/05/04-80080-009 150.00
D LEIBOWITZ, MATTHEW 1 SE 3RD AVE., SUITE 1450 MIAMI, FL 33131	ECTORS		DO NOT WRITE IN THIS SPACE	
	MENT # P00000023 The process of Business Clana Lane 1 33319 DO NOT WRITE 5. Name and Address of Current Reg FZ, MATTHEW L. BRD AVENUE 50 33131 e named entity submits this statement for the stions of registered agent. Signature, typed or profed name of registered agent and to the law 1, 2004 Fee will be \$550.00 OFFICERS AND DIR D LEIBOWITZ, MATTHEW 1 SE 3RD AVE., SUITE 1450 MIAMI, FL 33131	MENT # P0000002396 ITZ FAMILY INVESTMENTS, INC. De of Business Mauling Address 1 S.E. THIRD AVENUE SUITE 1450 MIAMI, FL 33131 DO NOT WRITE IN THIS SPAN 6. Name and Address of Current Registered Agent FZ, MATTHEW L. IRD AVENUE 50 a 33131 Be named entity submits this statement for the purpose of changing its register tions of registered agent. Signature, typed or priled name of registered agent and tile if applicable those of the purpose of t	MENT # P00000002396 To a possible service of Business CANALANE LE 33319 CANALANE LE 33313 CANALANE LE 33313 CANALANE LE 33313 CANALANE LE 33131 CANALANE LE 33131 CANALANE LE 1 S. L. THIRD AVENUE SUITE 1450 MIAMI, FL 33131 CANALANE LE 430 CANALANE CANALANE LE 430 CANALANE CANALANE	MENT # P0000002396 TEZ FAMILY INVESTMENTS, INC. THE OF Business Making Address 1 S.E. THIRD AVENUE SUITE 1450 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent 1. C. MATTHEW L. 1. Separative hood or protect care of registered agent, or bottoms of registered agent. 1. Separative, hood or protect care of registered agent and sile of applicable ENOWILL FEE IS \$150.00 1. Separative, hood or protect care of registered agent and sile of applicable ENOWILL FEE IS \$150.00 1. Separative, hood or protect care of registered agent and sile of applicable ENOWILL FEE IS \$150.00 1. Separative, hood or protect care of registered agent agent and sile of applicable ENOWILL FEE IS \$150.00 1. Separative hood or protect care of registered agent and sile of applicable 1. ENOWILL FEE IS \$150.00 1. Separative hood or protect care of registered agent and sile of applicable 1. ENOWILL FEE IS \$150.00 1. Separative hood or protect care of registered agent and sile of applicable 1. ENOWILL FEE IS \$150.00 1. Separative hood or protect care of registered agent and sile of applicable 1. ENOWILL FEE IS \$150.00 1. Separative hood or protect care of registered agent and sile of applicable 1. ENOWILL FEE IS \$150.00 1. Separative hood or protect care of registered agent agent and sile of applicable 1. ENOWILL FEE IS \$150.00 1. Separative hood or protect care of registered agent agent and sile of applicable 1. ENOWILL FEE IS \$150.00 1. Separative hood or protect care of registered agent agent and sile of applicable 1. ENOWILL FEE IS \$150.00 1. Separative hood or protect care agent and sile of applicable 1. ENOWILL FEE IS \$150.00 1. Separative hood or protect agent and sile of applicable 1. Separative hood or protect agent and sile of applicable 1. Separative hood or protect agent and sile of applicable 1. Separative hood or protect agent and sile of applicable 1. Separative hood or protect agent and sile of applicable 1. Separative hood or protect agent and sile of app

12. Thereby 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 it made under ooth: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER ON DIRECTOR

MATTHEW L. LEIBOUTT 4/22/04