



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000106496 1. Entity Name FLORENCE WOLFSON FAMILY CORP.					
Principal Place of Business 7580 REGENCY LAKE DRIVE, #E-602 BOCA RATON, FL 33433-6971			Mailing Address 7580 REGENCY LAKE DRIVE, #E-602 BOCA RATON, FL 33433-6971		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">05 AUG 29 AM 9:36</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em;">T. Roberts AUG 30 2005</div>  <div style="font-size: 0.8em;">07272005 Chg-P CR2E034 (10/03)</div>	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 65-3685116				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFSON, FLORENCE F 7580 REGENCY LAKE DRIVE, #E-602 BOCA RATON, FL 33433-6971				7. Name and Address of New Registered Agent Name Linda L. Snelling, Esq. Street Address (P.O. Box Number is Not Acceptable) Sachs Sax Klein 301 Yamato Road, Ste. 4150 City Boca Raton FL Zip Code 33431	
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: <u><i>Linda L. Snelling</i></u> 7/25/04 <small>Signature based on printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFSON, FLORENCE F 7580 REGENCY LAKE DRIVE, #E-602 BOCA RATON, FL 334336971	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">700059176647</div> <div style="font-size: 0.8em;">08/31/05--01033--010 **\$61.25</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFSON, GERALD R 11 MT. VERNON COURT LIVINGSTON, NY 07039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wolfson, Gerald P.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMEL, MARILYN W 180 E. 79TH STREET, APT. 6A NEW YORK, NY 10021	<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	
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 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: <u><i>Gerald P. Wolfson</i></u> GERALD P. WOLFSON 8/8/05 973-533 0435 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					