


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P19818 1. Entity Name SHLANSKY FAMILY FOUNDATION, INC. |  |
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|---|---|
| Principal Place of Business 1150 W. 23RD STREET HIALEAH, FL 33010 | Mailing Address 1150 W. 23RD STREET HIALEAH, FL 33010 |
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 13-6207480 | 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

SHLANKY, MILTON
 1150 W. 23RD STREET
 HIALEAH, FL 33010

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHLANSKY, MILTON 1150 W. 23RD STREET HIALEAH, FL 33010 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SHLANSKY, IRIS 1150 W. 23RD STREET HIALEAH, FL 33010 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHLANSKY, MARK 1150 W. 23RD STREET HIALEAH, FL 33010 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000809293
 02/08/08-80015-025 61.25

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/28/08 305 888 6223
Daytime Phone #