


**2004 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

*Amended*

**FILED**

04 JUN -1 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N38165</b>					
1. Entity Name <b>THE LEESFIELD FAMILY CHARITABLE FOUNDATION, INC.</b>					
Principal Place of Business 2350 S. DIXIE HIGHWAY MIAMI, FL 33133			Mailing Address 2350 S. DIXIE HIGHWAY MIAMI, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEESFIELD, IRA H. 2350 S. DIXIE HIGHWAY MIAMI, FL 33133				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
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) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TPT	<input type="checkbox"/> Delete		TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEESFIELD, IRA H.			NAME	Jennifer Leesfield
STREET ADDRESS	2350 S. DIXIE HWY.			STREET ADDRESS	2350 S. Dixie Highway
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	Miami, FL
TITLE	TVS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEESFIELD, CYNTHIA			NAME	
STREET ADDRESS	2350 S. DIXIE HWY.			STREET ADDRESS	600037731286
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	05/08/04--01005--002 **\$61.25
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, IRMA			NAME	
STREET ADDRESS	6361 N. BAY ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 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: <i>J. Leesfield</i>		Date: <i>5/27/2004</i>		Daytime Phone #: 305/854-4900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					