


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N38165</b> 1. Entity Name THE LEESFIELD FAMILY CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 2350 S. DIXIE HIGHWAY MIAMI, FL 33133	Mailing Address 2350 S. DIXIE HIGHWAY MIAMI, FL 33133
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0205711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LEESFIELD, IRA H. 2350 S. DIXIE HIGHWAY MIAMI, FL 33133	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPT LEESFIELD, IRA H. 2350 S. DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVS LEESFIELD, CYNTHIA 2350 S. DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEESFIELD, JENNIFER 2350 S. DIXIE HWY MIAMI, FL
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01/06/05-80024-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ira H. Leesfield*      1-5-05      305-854-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**IRA H. Leesfield**