


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N38165

1. Entity Name
THE LEESFIELD FAMILY CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address

2350 S. DIXIE HIGHWAY **2350 S. DIXIE HIGHWAY**
MIAMI, FL 33133 **MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
65-0205711 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEESFIELD, IRA H.
2350 S. DIXIE HIGHWAY
MIAMI, FL 33133

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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) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS.

TITLE	TPT
NAME	LEESFIELD, IRA H.
STREET ADDRESS	2350 S. DIXIE HWY.
CITY-ST-ZIP	MIAMI, FL
TITLE	TVS
NAME	LEESFIELD, CYNTHIA
STREET ADDRESS	2350 S. DIXIE HWY.
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	LEESFIELD, JENNIFER
STREET ADDRESS	2350 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000001427881
 02/21/06-80026-002 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: *Ira H. Leesfield* Date: 2/7/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR