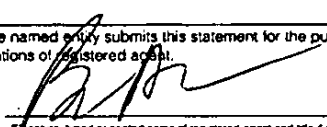
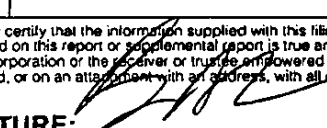


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3. **FILED**
Mar 20, 2008 8:00 am
Secretary of State

03-06-2008 90046 048 ****61.25

DOCUMENT # F07000001731			
1. Entity Name THE BRUCE & JULIE MENIN CHARITABLE FOUNDATION INC.			
Principal Place of Business 2930 BISCAYNE BLVD MIAMI, FL 33137		Mailing Address 2930 BISCAYNE BLVD MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box # 2200 Biscayne Blvd.		3. Mailing Address 2200 Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33137	Country Miami-Dade	Zip 33137	Country Miami-Dade
4. FEI Number 20-5918808		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENIN, BRUCE 2930 BISCAYNE BLVD MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Bruce Menin Street Address (P.O. Box Number is Not Acceptable) 2200 Biscayne Blvd. City Miami FL Zip Code 33137	
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 2/20/08	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MENIN, BRUCE 2930 BISCAYNE BLVD MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MENIN, JULIE 2930 BISCAYNE BLVD MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MENIN, KEITH 2930 BISCAYNE BLVD MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KALB, MARTIN 2930 BISCAYNE BLVD MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 2/20/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	