2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: THE BRUCE & JULIE MENIN CHARITABLE FOUNDATION INC.

Current Principal Place of Business:

2200 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

2200 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-5918808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENIN, BRUCE
2200 BISCAYNE BLVD.
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: MENIN, BRUCE
Address: 2930 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: VC ( ) Delete
Name: MENIN, JULIE
Address: 2930 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: DT ( ) Delete
Name: MENIN, KEITH
Address: 2930 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: DS ( ) Delete
Name: KALB, MARTIN
Address: 2930 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: MENIN, BRUCE
Address: 2200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: VC (X) Change ( ) Addition
Name: MENIN, JULIE
Address: 2200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: DT (X) Change ( ) Addition
Name: MENIN, KEITH
Address: 2200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: DS (X) Change ( ) Addition
Name: KALB, MARTIN
Address: 2200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE A. MENIN CP 04/08/2009

Electronic Signature of Signing Officer or Director — Date