

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

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000008519  
 1. Entity Name  
 ELAINE AND PHILIP BLOOM FAMILY SUPPORTING FOUNDATION, INC.



Principal Place of Business      Mailing Address  
 4200 BISCAYNE BOULEVARD      4200 BISCAYNE BOULEVARD  
 MIAMI, FL 33137      MIAMI, FL 33137



**DO NOT WRITE IN THIS SPACE**

02042005 No Chg-NP      CR2E037 (10/03)  
 4. FEI Number      Applied For  
 65-1065543      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STEPHEN, LANDE C  
 4200 BISCAYNE BOULEVARD  
 MIAMI, FL 33137

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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, 2005      9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERGER, ADOLPH J
STREET ADDRESS	3 GROVE ISLE DRIVE #801
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	BERGER, HELENE
STREET ADDRESS	3 GROVE ISLE DRIVE #801
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	GERSON, GARY
STREET ADDRESS	666 71ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL 34314
TITLE	D
NAME	STEPHEN, LANDE C
STREET ADDRESS	4200 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	SOLOMON, JACOB
STREET ADDRESS	4200 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	BLOOM, ELAINE
STREET ADDRESS	5255 COLLINS AVENUE #3-J
CITY-ST-ZIP	MIAMI BEACH, FL 33140

U00000262042  
 03/14/05-80038-006 70.00  
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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 titles empowered.  
 SIGNATURE: *[Signature]*      2/16/05      986-866-8823  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #