


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90348 025 \*\*\*\*61.25

**DOCUMENT # N41241**  
 1. Entity Name  
**ELLIOT DINNERSTEIN FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**2800 PONCE DE LEON BLVD**      **2800 PONCE DE LEON BLVD**  
**SUITE 1125**      **SUITE 1125**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**  
**US**      **US**

**50040626**



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0232451**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BREIER, ROBERT G. ESQ.**  
**2800 PONCE DE LEON BLVD**  
**SUITE 1125**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE NAME ADAMS, LYNKA	<input type="checkbox"/> Delete
STREET ADDRESS 2800 PONCE DE LEON BLVD, SUITE 1125	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE NAME DINNERSTEIN, MARC	<input type="checkbox"/> Delete
STREET ADDRESS 2800 PONCE DE LEON BLVD, SUITE #1125	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE NAME BREIER, ROBERT G.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2800 PONCE DE LEON BLVD, SUITE #1125	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <i>T, P, S, T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <i>T</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>RYDER, JEANNE</i>	
CITY-ST-ZIP <i>2800 PONCE DE LEON BLVD, Suite 1125</i>	
CITY-ST-ZIP <i>CORAL GABLES, FLA 33134</i>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: *Marc Dinnerstein* *Marc Dinnerstein, President*      4/14/05      305-445-0707  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #