

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 29, 2006 08:00 AM
Secretary of State**

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



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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006** 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ADAMS, LYNKA	NAME	
STREET ADDRESS	2800 PONCE DE LEON BLVD, SUITE 1125	STREET ADDRESS	000000483463
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	04/11/06-80122-022 61.25
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	TPST DINNERSTEIN, MARC	NAME	
STREET ADDRESS	2800 PONCE DE LEON BLVD, SUITE #1125	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	T RYDER, JEANNE	NAME	
STREET ADDRESS	2800 PONCE DE LEON BLVD, SUITE #1125	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11, if changed, or on an attachment with an address, with all other like empowered

[Handwritten signatures and dates] **2/24/06** **509-403-00**