2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000102

Apr 29, 2004 Secretary of State

Entity Name: PODHURST FAMILY SUPPORTING FOUNDATION, INC.

New Principal Place of Business: Current Principal Place of Business: 4200 BISCAYNE BLVD MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 4200 BISCAYNE BLVD MIAMI, FL 33137 FEI Number: 65-0720334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANDE, STEPHEN C 4200 BISCAYNE BLVD MIAMI, FL 33137 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OREN, NEDRA Name: Name: Address: 3526 BAYSHORE VILLAS DRIVE Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRODIE, MYRON Name: Address: 4200 BISCAYNE BLVD Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: () Delete Title: () Change () Addition SOLOMON, JACOB Name: Name: 4200 BISCAYNE BLVD Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: DS () Delete Title: () Change () Addition LANDE, STEPHEN C Name: Name: 4200 BISCAYNE BLVD Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: Title: () Delete () Change () Addition OLIN, MICHAEL Name: Name: 25 WEST FLAGLER STREET Address: Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: Title: () Delete Title: (X) Change () Addition PODHURST, AARON PODHURST, AARON Name: Name: Address: 16200 WEST PRESTWICK PLACE Address: 4200 BISCAYNE BLVD MIAMI LAKES, FL 33014 MIAMI, FL 33137 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN C LANDE DS 04/29/2004