


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


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

**DOCUMENT # N97000000102**  
 1. Entity Name  
 PODHURST FAMILY SUPPORTING FOUNDATION, INC.



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

**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 65-0720334      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LANDE, STEPHEN C.  
 4200 BISCAYNE BLVD  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

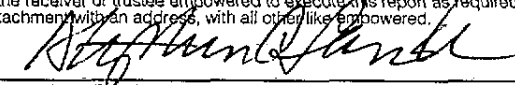
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OREN, NEDRA
STREET ADDRESS	3526 BAYSHORE VILLAS DRIVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	BRODIE, MYRON
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	SOLOMON, JACOB
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DS
NAME	LANDE, STEPHEN C
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	OLIN, MICHAEL
STREET ADDRESS	25 WEST FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	D
NAME	PODHURST, AARON
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137

U00000262055  
 03/14/05-80038-013 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 like empowered.

SIGNATURE:       2/16/05      786-866-8623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #