

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N97000000298**

1. Entity Name

**WILLIAM AND JOAN BRODSKY 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



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

**65-0724452**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREIER, ROBERT G ESQ**  
**2800 PONCE DE LEON BLVD**  
**SUITE 1125**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 PD  Delete  
NAME BRODSKY, WILLIAM  
STREET ADDRESS 2800 PONCE DE LEON BLVD SUITE 1125  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME U00000763643  
STREET ADDRESS 05/30/07-80020-014 61.25  
CITY-ST-ZIP

TITLE STD  Delete  
NAME BRODSKY, JOAN  
STREET ADDRESS 2800 PONCE DE LEON BLVD SUITE 1125  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME BRODSKY, MICHAEL  
STREET ADDRESS 2800 PONCE DE LEON BLVD SUITE 1125  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME BRODSKY, STEPHEN  
STREET ADDRESS 2800 PONCE DE LEON BLVD SUITE 1125  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME BRODSKY, JONATHAN  
STREET ADDRESS 2800 PONCE DE LEON BLVD SUITE 1125  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Brodsky* **WILLIAM BRODSKY**  
PRO **MAY 2, 2007**