2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N99000005077

Entity Name: PERLMAN FAMILY SUPPORTING FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BLVD
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4200 BISCAYNE BLVD
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0946000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANDE, STEPHEN C
4200 BISCAYNE BLVD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	SOLOMON, JACOB	
Address:	4200 BISCYANE BLVD	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	(X) Delete
Name:	EISENBERG, HERBERT	
Address:	4200 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	( ) Delete
Name:	FUTERNICK, MORRIS	
Address:	2 GROVE ISLE DR #1509	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	D	( ) Delete
Name:	LIPOFF, NANCY	
Address:	3 GROVE ISLE DR #1009	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	D	( ) Delete
Name:	BRIN, ROBERT	
Address:	13645 DEERING BAY DR #114	
City-St-Zip:	CORAL GABLES, FL 33158	
Title:	DS	( ) Delete
Name:	LANDE, STEPHEN C	
Address:	4200 BISCAYNE BLVD.	
City-St-Zip:	MIAMI, FL 33137	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 04/25/2007

Electronic Signature of Signing Officer or Director — Date