2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000008276 1. Entity Name QUITTNER FOUNDATION, INC. Principal Piace of Business Mailing Address 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139 2. Principa: Place of Business - No P.C. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 56-2400307 Not Applicable Zιρ Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIELS, NICHOLAS M Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131 City 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. nditte Lappionere. (NOTE: Registered Agent signature (or used were uranstating) 14 5 Z 3 CENTA* rrili i de minicipali de la composicio della composicio d FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution Due By May 1, 2008 Added to Fees Florida Department of State 10. CERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change Addition QUITTNER, ROBERT NAME NAME 560 LINCOLN ROAD, SUITE 204 STREET ADDRESS STREET ADDRESS 11000000945899 MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZiP Table ☐ Delate TITLE WASSERMAN, MICHAEL HAIVE 407 LINCOLN ROAD, SUITE 6C STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change Addition NAME MARBIN, EVAN NAME STREET ADDRESS 48 E. FLAGLER STREET, PENTHOUSE 104 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-ZIP T:TLE ☐ Delete TITLL Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Daleie 1:1:0 Change Addition STREET AUDRESS STREET ADDPLSS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete ☐ Change TITLE ncitibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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:

Guttner

29/08 (305)531-353