

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 713400**

1. Entity Name  
**LYNN AND LOUIS WOLFSON II, FAMILY FOUNDATION,  
INC.**



Principal Place of Business  
**1110 BRICKELL AVE., SUITE 202  
MIAMI, FL 33131**

Mailing Address  
**1110 BRICKELL AVE., SUITE 202  
MIAMI, FL 33131**



03212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6196403</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**AUERBACH, HAROLD  
1110 BRICKELL AVE  
SUITE 202  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WOLFSON, LYNN 1110 BRICKELL AVE, # 202 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WOLFSON, LOUIS III 1110 BRICKELL AVE, # 202 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WOLFSON FADEL, LYNDIA 1110 BRICKELL AVE, # 202 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT AUERBACH, HAROLD 1110 BRICKELL AVE, # 202 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPRARO, FRANZ 1110 BRICKELL AVE, # 202 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAATTAMA, HENRY H FR 1 SE 3 AVE 28TH FLOOR MIAMI, FL 33131

U00000679130  
04/03/07-80025-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Harold Auerbach*

*Treas*

*3-22-07*

*305-377-8714*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #