
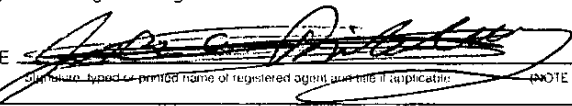


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2006 8:00 am
Secretary of State


05-09-2006 90092 044 ****61.25

DOCUMENT # 717360					
1. Entity Name UNIVERSITY OF MIAMI FRIENDS OF PHYSICS, INCORPORATED					
Principal Place of Business 1046 ALFONSO AVE. CORAL GABLES FL 33146		Mailing Address 1046 ALFONSO AVE. CORAL GABLES FL 33146			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1731554	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HIRSCHBERG, JOSEPH G 1046 ALFONSO AVE. CORAL GABLES FL 33146			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 		DATE 01/28/06			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURCH, STEWART	NAME			
STREET ADDRESS	1394 NW 192ND AVE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIRSCHBERG, JOSEPH G. DR	NAME			
STREET ADDRESS	1046 ALFONSO AVE	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DI MARIO, ARTHUR	NAME			
STREET ADDRESS	12831 S.W. 115TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELLINGTON, JAMES W	NAME			
STREET ADDRESS	212 PHOENETIA AVE., NO 4	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRNE, JAMES D.	NAME			
STREET ADDRESS	851 BLUERIDGE WAY	STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E037 (10/05)

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:  Secy. Treas. April 28, '06 305-665-9864