


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	Mailing Address
1046 ALFONSO AVE. CORAL GABLES FL 33146	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

4. FEI Number	Applied For
59-1731554	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
HIRSCHBERG, JOSEPH G 1046 ALFONSO AVE. CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
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  DATE April 28, 2006

(NOTE: Registered Agent signature required when registering)

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	

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

