


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 717360</b> 1. Entity Name <b>UNIVERSITY OF MIAMI FRIENDS OF PHYSICS, INCORPORATED</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>59-1731554</b>	
		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
<b>HIRSCHBERG, JOSEPH G 1046 ALFONSO AVE. CORAL GABLES FL 33146</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
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	000000599637
CITY-STATE-ZIP	PEMBROKE PINES FL	CITY-STATE-ZIP	01/25/07-80035-019 61.25
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-STATE-ZIP	CORAL GABLES FL 33146	CITY-STATE-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-STATE-ZIP	MIAMI FL 33186	CITY-STATE-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-STATE-ZIP	CORAL GABLES FL 33134	CITY-STATE-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-STATE-ZIP	DAVIE FL	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	



1st MOORE CR2E037 (10/06)

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: *Joseph G. Hirschberg* 01/17/07 305-665-9864