
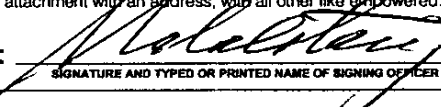


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90244 029 \*\*\*\*75.00

<b>DOCUMENT # 748389</b> 1. Entity Name <b>EMANUEL AND KLARA EDELSTEIN FOUNDATION, INC.</b>					
Principal Place of Business <b>INC.</b> <del>3475 PRAIRIE AVENUE</del> <b>220 Alhambra Circle</b> <del>MIAMI BEACH, FL 33140</del> <b>Ste. 600</b> <b>Coral Gables FL 33134</b>			Mailing Address <b>INC.</b> <del>3475 PRAIRIE AVENUE</del> <b>220 Alhambra Circle</b> <del>MIAMI BEACH, FL 33140</del> <b>Ste. 600</b> <b>Coral Gables FL 33134</b> <b>Same</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-1932966</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  <b>EDELSTEIN, EMANUEL</b> <del>3475 PRAIRIE AVENUE</del> <b>220 Alhambra Circle</b> <del>MIAMI BEACH, FL 33140</del> <b>Ste. 600</b> <b>Coral Gables FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>EDELSTEIN, EMANUEL</b> <input type="checkbox"/> Delete <del>3475 PRAIRIE AVE.</del> <b>220 Alhambra Circle</b> <del>MIAMI BEACH, FL</del> <b>Ste. 600</b> <b>Coral Gables FL 33134</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WEISS, THOMAS G</b> <input type="checkbox"/> Delete <b>6602 TROY COURT</b> <b>BALTIMORE, MD</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>GOLDBERGER, LOU</b> <input type="checkbox"/> Delete <b>2120 GOYER</b> <b>MONTREAL, QU</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>3/22/06</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					