

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759606

FILED
Jan 23, 2007
Secretary of State

Entity Name: MARTIN Z. MARGULIES FOUNDATION, INC.

Current Principal Place of Business:

445 GRAND BAY DRIVE
SUITE PH1C
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

445 GRAND BAY DRIVE
SUITE PH1C
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 59-2130476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIOTRKOWSKI, JOEL S
317 71ST STREET
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARGULIES, MARTIN Z.,
Address: 445 GRAND BAY DRIVE SUITE PH1C
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: GILMORE, RICHARD
Address: 445 GRAND BAY DRIVE SUITE PH1C
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: HINDS, KATHERINE,
Address: 445 GRAND BAY DRIVE SUITE PH1C
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: MARGULIES, DAVID
Address: 445 GRAND BAY DRIVE, SUITE PH1C
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN Z MARGULIES

PRES

01/23/2007

Electronic Signature of Signing Officer or Director

Date