

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759797**

1. Entity Name  
THE TED ARISON FAMILY FOUNDATION USA, INC.



Principal Place of Business  
C/O MADDY ROSENBERG  
3655 NW 87TH AVENUE  
MIAMI, FL 33178

Mailing Address  
C/O MADDY ROSENBERG  
3655 NW 87TH AVENUE  
MIAMI, FL 33178



04072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2128429</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**

PEREZ, ARNALDO  
3655 NW 87TH AVENUE  
MIAMI, FL 33178

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTPS ARISON, SHARI 3655 NW 87 AVENUE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM ARISON, SHARI 3655 NW 87 AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARISON, MARILYN 9999 COLLINS AVE MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM ARISON, JASON 3655 NW 87 AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM ARISON, DAVID 3655 N.W. 87TH AVE. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM ARISON, CASSIE 3655 NW 87 AVE MIAMI, FL 33178

U00000533254  
05/06/06-80116-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 305-891-0017  
Date Daytime Phone #