

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 13, 2007
Secretary of State**

DOCUMENT# 759797

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

10800 BISCAYNE BLVD
SUITE 950
MIAMI, FL 33161

FEI Number: 59-2128429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, ARNALDO
3655 NW 87TH AVENUE
MIAMI, FL 33178 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: CTPS () Delete
Name: ARISON, SHARI
Address: 3655 NW 87 AVENUE
City-St-Zip: MIAMI, FL 33178

Title: TM () Delete
Name: ARISON, SHARI
Address: 3655 NW 87 AVE
City-St-Zip: MIAMI, FL 33178

Title: T () Delete
Name: ARISON, MARILYN
Address: 9999 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

Title: TM () Delete
Name: ARISON, JASON
Address: 3655 NW 87 AVE
City-St-Zip: MIAMI, FL 33178

Title: TM () Delete
Name: ARISON, DAVID
Address: 3655 N.W. 87TH AVE.
City-St-Zip: MIAMI, FL 33178

Title: TM () Delete
Name: ARISON, CASSIE
Address: 3655 NW 87 AVE
City-St-Zip: MIAMI, FL 33178

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:

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 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: SHARI ARISON

SA

07/13/2007

Electronic Signature of Signing Officer or Director

_____ Date