


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 763759</b> 1. Entity Name <b>THE GOLDSMITH FAMILY FOUNDATION, INC.</b>	
--	---

Principal Place of Business <b>66 WEST FLAGLER STREET SUITE #PENTHOUSE MIAMI, FL 33130</b>	Mailing Address <b>66 WEST FLAGLER STREET SUITE #PENTHOUSE MIAMI, FL 33130</b>
---	---



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2209182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GOLDSMITH, BERTRAM J., JR. 66 WEST FLAGLER ST MIAMI, FL 33130</b>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retreating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	D GOLDSMITH, CYNTHIA 66 W FLAGLER MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV SHELLEY, SUSAN G. 66 WEST FLAGLER STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GOLDSMITH, BERTRAM J, JR 66 WEST FLAGLER STREET MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLEY, ROBERT J III 66 W FLAGLER MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000250151  
03/03/05-80032-009 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** BERTRAM J. GOLDSMITH, JR. 3/1/05 305-370-1054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #