## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #763759**

1. Entity Name
THE GOLDSMITH FAMILY FOUNDATION, INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

66 WEST FLAGLER STREET SUITE #PENTHOUSE MIAMI, FL 33130 Mailing Address

66 WEST FLAGLER STREET SUITE #PENTHOUSE MIAMI, FL 33130



02282007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2209182

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSMITH, BERTRAM J., JR. 66 WEST FLAGLER ST MIAMI, FL 33130

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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 neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financia     Trust Fund Contribution.	,â □	\$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				000000687390 04/10/07-80037-009 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GOLDSMITH, BERTRAM J, JR 66 WEST FLAGLER STREET MIAMI, FL 00000,			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLEY, ROBERT J III 66 W FLAGLER MIAMI, FL			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					

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 cath; 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.

CICMATIIDE.

7 BERRAM T. GOLDSMITH, TR

305-370-1004