

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000001473

1. Entity Name
**MICHAEL AND DIANE ROSENBERG FAMILY
FOUNDATION, INC.**



Principal Place of Business
**5580 PETERSON LANE, STE. 250, LB 10
DALLAS, TX 75240**

Mailing Address
**5580 PETERSON LANE, STE. 250, LB 10
DALLAS, TX 75240**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2696894

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSENBERG, MICHAEL N DR.
8740 N. KENDALL DR., STE. 203
MIAMI, FL 33176**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000602893
01/26/07-80107-022 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
ROSENBERG, MICHAEL N DR.
3550 ROYAL PALM AVE.
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
ROSENBERG, BARBARA D
3550 ROYAL PALM AVE.
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSENBERG, GLENN I
2807 ALLAN STREET PMB 632
DALLAS, TX 75204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSENBERG, ALLISON D
245 E. 63RD ST., APT. 30B
NEW YORK, NY 10021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1-23-07 305 4420322
Date Daytime Phone