

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

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # N00000003436		
1. Entity Name THOMAS E. RODGERS, JR. FOUNDATION, INC.		
Principal Place of Business 600 NE 36 STREET PH-9 MIAMI, FL 33137	Mailing Address 600 NE 36 STREET PH-9 MIAMI, FL 33137	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ. ONE S.E. 3RD AVENUE SUITE 2400 MIAMI, FL 33131		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 re-registering) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		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 RODGERS, THOMAS E JR. 10 LA GORCE CIRCLE MIAMI, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAPLAINE, RENEE Y 10 LA GORCE CIR MIAMI, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEAN, RANDOLPH 8401 S.W. 87 AVENUE #212 MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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 my empowered.		
SIGNATURE: <i>Thomas E. Rodgers Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/15/07 305-526-4110 Date Daytime Phone #

THOMAS E. RODGERS, JR., DIRECTOR