

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

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N00000004175

1. Entity Name

CARLSON FAMILY FOUNDATION, INC.



Principal Place of Business

**5120 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140**

Mailing Address

**5120 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140**



01102007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-1021343

Applied For

Not Applicab

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUTHERFORD, MULHALL & WARGO, P.A.
2600 N. MILITRAY TRAIL, 4TH FLOOR
BOCA RATON, FL 33431**

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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 name 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**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000585634

01/16/07-80021-005 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
CARLSON, DAVID D
1033 ASTURIA AVENUE
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATAS
GARCIA, JORGE
4142 SW 188 AVE.
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/D
RUTHERFORD, CHARLES E ESQ.
1355 FAN PALM ROAD
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 of this report.