2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N00000008519

Entity Name: ELAINE AND PHILIP BLOOM FAMILY SUPPORTING FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-1065543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANDE, STEPHEN C
4200 BISCAYNE BOULEVARD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BERGER, ADOLPH J
Address: 3 GROVE ISLE DRIVE #801
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: BERGER, HELENE
Address: 3 GROVE ISLE DRIVE #801
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: GERSON, GARY
Address: 666 71ST STREET
City-St-Zip: MIAMI BEACH, FL 34314

Title: D ( ) Delete
Name: LANDE, STEPHEN C
Address: 4200 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: SOLOMON, JACOB
Address: 4200 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: BLOOM, ELAINE
Address: 5255 COLLINS AVENUE #3-J
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN C. LANDE D 01/23/2009
Electronic Signature of Signing Officer or Director — Date