

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002528
 1. Entity Name
 HALBERSTEIN FAMILY SUPPORTING FOUNDATION, INC.



Principal Place of Business
 4200 BISCAYNE BLVD.
 MIAMI, FL 33137

Mailing Address
 4200 BISCAYNE BLVD.
 MIAMI, FL 33137



06292005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 91-2117364

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SCHWARTZ, STEPHEN M
 4200 BISCAYNE BLVD.
 MIAMI, FL 33137

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

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	S EISENBERG, HERBERT 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLOMON, JACOB 4200 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLOCK, JACK 19707 TURNBERRY WAY APT. 8-J AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, BARRY J DR. 2801 N.E. 208TH TERRACE, SUITE 102 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLEMBERG, ISAAC 800 N.W. 21ST STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000371598
 07/08/05-80010-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Herbert Eisenberg (HERBERT EISENBERG) 6/9/05 786-826-8629
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #