
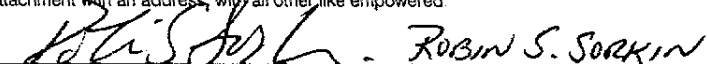


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000007401</b> 1. Entity Name <b>WILLIAM C. SILBER AND DOROTHY S. SILBER FOUNDATION, INC.</b>		
Principal Place of Business <b>1840 MAIN STREET 204 FORT LAUDERDALE, FL 33326</b>	Mailing Address <b>1840 MAIN STREET 204 FORT LAUDERDALE, FL 33326</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SORKIN, ROBIN S 1840 MAIN STREET STE 204 FORT LAUDERDALE, FL 33326</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORKIN, ROBIN 1205 MANOR DR S FT LAUDERDALE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, MICHAEL 10343 NAKEME DR JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMY, JENE 402 E 90 ST NEW YORK, NY 10128	
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 like empowered.		
SIGNATURE:  <b>ROBIN S. SORKIN</b>		Date <b>4/28/06</b> Daytime Phone # <b>954-575-0011</b>



03312006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-6359743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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05/13/06-80015-004 61.25

**DO NOT WRITE  
IN THIS SPACE**