

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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



DOCUMENT # N03000008276
 1. Entity Name
QUITTNER FOUNDATION, INC.

Principal Place of Business 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139	Mailing Address 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **56-2400307** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M
 ONE S.E. 3RD AVENUE, SUITE 2400
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete QUITTNER, ROBERT
NAME	560 LINCOLN ROAD, SUITE 204
STREET ADDRESS	MIAMI BEACH FL 33139
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete WASSERMAN, MICHAEL
NAME	407 LINCOLN ROAD, SUITE 6C
STREET ADDRESS	MIAMI BEACH FL 33139
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MARBIN, EVAN
NAME	48 E. FLAGLER STREET, PENTHOUSE 104
STREET ADDRESS	MIAMI FL 33131
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000549292
CITY-ST-ZIP	05/13/06-80015-002 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Robert Quittner*