

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

03-07-2005 90259 022 ****70.00
07-13-2005 90021 020 ****70.00

DOCUMENT # N04000009930 1. Entity Name LEO ROSE, JR. AND CHARLOTTE ROSE FAMILY SUPPORTING FOUNDATION, INC.					
Principal Place of Business 4200 BISCAYNE BLVD MIAMI, FL 33137			Mailing Address 4200 BISCAYNE BLVD MIAMI, FL 33137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANDY, STEPHEN M 4200 BISCAYNE BLVD MIAMI, FL 33137				Name STEPHEN M. LANDE Street Address (P.O. Box Number is Not Acceptable) 4200 BISCAYNE BLVD City MIAMI FL Zip Code 33137	
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 6/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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				
NAME	SOLOMON, JACOB				
STREET ADDRESS	4200 BISCAYNE BLVD				
CITY - ST - ZIP	MIAMI, FL 33137				
TITLE	D <input type="checkbox"/> Delete				
NAME	LANDE, STEPHEN M				
STREET ADDRESS	4200 BISCAYNE BLVD				
CITY - ST - ZIP	MIAMI, FL 33137				
TITLE	D <input type="checkbox"/> Delete				
NAME	GOLDFARB, BARBARA B				
STREET ADDRESS	4200 BISCAYNE BLVD				
CITY - ST - ZIP	MIAMI, FL 33137				
TITLE	D <input type="checkbox"/> Delete				
NAME	ROSE, ELLEN				
STREET ADDRESS	4000 TOWERSIDE TERR #1205				
CITY - ST - ZIP	MIAMI, FL 33138				
TITLE	D <input type="checkbox"/> Delete				
NAME	ROSE, CHARLOTTE				
STREET ADDRESS	16 ISLAND AVE #4D				
CITY - ST - ZIP	MIAMI BEACH, FL 33139				
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					
CITY - ST - ZIP					
TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STEPHEN C. LANDE				
STREET ADDRESS	4200 BISCAYNE BLVD,				
CITY - ST - ZIP	MIAMI, FL 33137				
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 exemption stated in Section 119.07(3)(i), 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: STEPHEN M. LANDE 6/29/05 786-866-8623 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

