2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

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Entity Name: THE AARON I. FLEISCHMAN FOUNDATION INC.

Current Principal Place of Business:

2699 SOUTH BAYSHORE DRIVE
SUITE 500
MIAMI, FL 33133 US

New Principal Place of Business:

C/ STONE 2699 SOUTH BAYSHORE DRIVE
SUITE 500
MIAMI, FL 33133 US

Current Mailing Address:

2699 SOUTH BAYSHORE DRIVE
SUITE 500
MIAMI, FL 33133 US

New Mailing Address:

C/O STONE 2699 SOUTH BAYSHORE DRIVE
SUITE 500
MIAMI, FL 33133 US

FEI Number: 30-0265819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONE, ROBERT A MR.
2699 SOUTH BAYSHORE DRIVE
SUITE 500
MIAMI, FL 33133 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: P/D ( ) Delete
Name: FLEISCHMAN, AARON I MR.
Address: 5646 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP/D ( ) Delete
Name: LOUGHEED, LINFORD L MR.
Address: 2699 SOUTH BAYSHORE DRIVE, SUITE 500
City-St-Zip: MIAMI, FL 33133 US

Title: D/SC ( ) Delete
Name: STONE, ROBERT A MR.
Address: 2699 SOUTH BAYSHORE DRIVE, SUITE 500
City-St-Zip: MIAMI, FL 33133 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT A. STONE D/SC 01/09/2006

Electronic Signature of Signing Officer or Director — Date