

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011213

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** VICTOR AND SANDRA FULLER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2699 SOUGH BAYSHORE DRIVE  
SEVENTH FLOOR  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2699 SOUGH BAYSHORE DRIVE  
SEVENTH FLOOR  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 20-3736887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPCO, INC.  
2699 SOUTH BAYSHORE DRIVE  
7TH FLOOR  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP ( ) Change (X) Addition  
Name: FULLER, VICTOR L  
Address: 2699 S. BAYSHORE DRIVE, 7TH FLOOR  
City-St-Zip: MIAMI, FL 33133

Title: DVPS ( ) Change (X) Addition  
Name: FULLER, SANDRA T  
Address: 2699 S. BAYSHORE DRIVE, 7TH FLOOR  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Change (X) Addition  
Name: KATZ, MICHAEL D  
Address: 2699 S. BAYSHORE DRIVE, 7TH FLOOR  
City-St-Zip: MIAMI, FL 33133

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: MICHAEL D. KATZ

D

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date