2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N05000012893

Entity Name: CIVIE AND EARL PERTNOY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4200 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 14-1944305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANDE, STEPHEN C
4200 BISCAYNE BLVD.
MIAMI, FL 33137 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: D ( ) Delete
Name: PERTNOY, SIDNEY
Address: 13003 SW 104TH CT.
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: PERTNOY, RONALD
Address: 3111 FORTUNE WAY, B-18
City-St-Zip: W. PALM BCH, FL 33414

Title: D ( ) Delete
Name: BLUMENSTEIN, SANDI
Address: 1710 NW 106TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: SIMON, GEORGE M
Address: 60 EDGEWATER DR., APT. 7-E
City-St-Zip: CORAL GABLES, FL 33133

Title: D ( ) Delete
Name: YARUS, GARY J
Address: 330 W. 45TH ST.
City-St-Zip: MIAMI BCH, FL 33140

Title: D ( ) Delete
Name: WEINGARDEN, LOIS
Address: 9861 SW 122ND ST.
City-St-Zip: MIAMI, FL 33176

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:

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 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: STEPHEN C. LANDE D 01/27/2009

Electronic Signature of Signing Officer or Director — Date