2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N17706

Entity Name: THE WOLFSONIAN, INC.

Current Principal Place of Business:

1001 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1001 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2741851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDOZA, CRISTINA L
OFFICE OF THE GENERAL COUNSEL, FIU PC 511
11200 SW 8TH ST
MIAMI, FL 33199 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:	C	( ) Delete
Name:	WOLFSON, MITCHELL JR.	
Address:	21 SE 1ST AVENUE, SUITE 900	
City-St-Zip:	MIAMI, FL 33131	
Title:	VC	( ) Delete
Name:	MARCHMAN, RAY E JR	
Address:	520 BRICKELL KEY DRIVE, SUITE PH00	
City-St-Zip:	MIAMI, FL 33131	
Title:	TR	( ) Delete
Name:	GUILLAMA-ALVAREZ, NOEL	
Address:	3420 FAIRLANE FARMS ROAD, SUITE C	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	S	( ) Delete
Name:	GONZALEZ-LEVY, SANDRA	
Address:	11200 SW 8 STREET, PC 519	
City-St-Zip:	MIAMI, FL 33199	

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:	

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: CRISTINA L. MENDOZA RA 03/24/2009

Electronic Signature of Signing Officer or Director — Date