


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90990 020 \*\*\*\*61.25

<b>DOCUMENT # N18335</b>	
1. Entity Name <b>THE SILVERSTEIN FOUNDATION, INC.</b>	

Principal Place of Business <b>6696 VERSAILLES COURT LAKE WORTH, FL 33467</b>	Mailing Address <b>6696 VERSAILLES COURT LAKE WORTH, FL 33467</b>
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2. Principal Place of Business <b>4920 Loring Drive</b> Suite, Apt. #, etc. <b>1610</b>	3. Mailing Address <b>4920 Loring Drive</b> Suite, Apt. #, etc. <b>1610</b>
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City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
Zip <b>33417</b>	Country <b>USA</b>
Zip <b>33417</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>SILVERSTEIN, PAULINE 6696 VERSAILLES COURT LAKE WORTH, FL 33467</b>	
7. Name and Address of New Registered Agent Name <b>Silverstein, Pauline</b> <i>change of address only</i> Street Address (P.O. Box Number is Not Acceptable) <b>4920 Loring Drive</b> Apt. 1610 City <b>West Palm Beach</b> FL Zip Code <b>33417</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERSTEIN, PAULINE 6696 VERSAILLES COURT LAKE WORTH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pauline Silverstein <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4920 Loring Drive Apt. 1610 West Palm Beach, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERSTEIN, ROBERT 9204 WHITE CHIMNEY LANE GREAT FALLS, VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERSTEIN, MICHAEL 5035 NW 102ND DR CORAL SPGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Pauline Silverstein* **4/28/05** **561-209-6337**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Pauline Silverstein*