

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N18335

1. Entity Name
THE SILVERSTEIN FOUNDATION, INC.



Principal Place of Business
**4920 LORING DRIVE #1610
WEST PALM BEACH, FL 33417**

Mailing Address
**4920 LORING DRIVE #1610
WEST PALM BEACH, FL 33417**



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2747181

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILVERSTEIN, PAULINE
4920 LORING DRIVE, APT 1610
WEST PALM BEACH, FL 33417**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SILVERSTEIN, PAULINE**
STREET ADDRESS **4920 LORING DR, APT 1610**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **D**
NAME **SILVERSTEIN, ROBERT**
STREET ADDRESS **9204 WHITE CHIMNEY LANE**
CITY-ST-ZIP **GREAT FALLS, VA**

TITLE **D**
NAME **SILVERSTEIN, MICHAEL**
STREET ADDRESS **5035 NW 102ND DR**
CITY-ST-ZIP **CORAL SPGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000524758
05/04/06-80003-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 *561.209-6337*
Date Daytime Phone #