

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**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**



03132007 No Chg-NP CR2E037 (4/06)

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000718166  
05/01/07-80011-006 61.25

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* **PAULINE Silverstein** 4/11/07 561-209-6337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #