2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N41241

1. Entity Name

ELLIOT DINNERSTEIN FOUNDATION, INC.

Principal Place of Business	Mailing Address
2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134 US	2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0232451 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREIER, ROBERT G. ESQ. 2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 acc 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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ A
NAME	ADAMS, LYNKA	NAME	
STREET ADDRESS	2800 PONCE DE LEON BLVD, SUITE 1125	STREET ADDRESS	000000483463
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	04/11/06-80122-022 61.25
TITLE	TPST ☐ Delete	TITLE	☐ Change ☐ A
NAME	DINNERSTEIN, MARC	NAME	
STREET ADDRESS	2800 PONCE DE LEON BLVD, SUITE #1125	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ A
NAME	RYDER, JEANNE	NAME	
STREET ADDRESS	2800 PONCE DE LEON BLVD, SUITE #1125	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ A
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ A
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ A
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 di 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 Blc if changed, or on an attachment with an address, with all other like empowered

Marc Dinnerstein 3/29/06 609-447-00