

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 15, 2005 8:00 am
Secretary of State**

03-15-2005 90033 005 ****70.00

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| DOCUMENT # N93000000197 | |  |
| 1. Entity Name SANDRA C. GOLDSTEIN SUPPORTING FOUNDATION, INC. | | |

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|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business 4200 BISCAYNE BLVD. MIAMI, FL 33137 | Mailing Address 4200 BISCAYNE BLVD. MIAMI, FL 33137 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

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

| | |
|------------------------------------------------------------------|--------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| STEPHEN, LANDE-C 4200 BISCAYNE BLVD. MIAMI BEACH, FL 33137 | 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 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 _____

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

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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 JACOB SOLOMON 4200 BISCAYNE BLVD MIAMI, 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 | D MILLER, CAROLYN R 23 INDIAN CREEK ISLAND MIAMI BEACH, 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 | DS EISENBERG, HERBERT 4200 BISCAYNE BLVD MIAMI, FL 33137 | <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 GOLDSTEIN, SAMUEL 10180 W. BAY HARBOR DR. BAY HARBOR ISLAND, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAMUEL GOLDSTEIN 4200 BISCAYNE BLVD MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDSTEIN, MIRIAM 10180 WEST BAY HARBOR DR. BAY HARBOR ISLAND, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIRIAM GOLDSTEIN 4200 BISCAYNE BLVD MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRODIE, MYRON J. 4200 BISCAYNE BLVD MIAMI, FL 33137 | <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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/16/05 Daytime Phone # 786-862-8623