

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

DOCUMENT # N93000000197

1. Entity Name
SANDRA C. GOLDSTEIN SUPPORTING FOUNDATION,
INC.



Principal Place of Business
4200 BISCAYNE BLVD.
MIAMI, FL 33137

Mailing Address
4200 BISCAYNE BLVD.
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-23-2006 90016 045 ****70.00

50004880

03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0449936	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHEN, LANDE C
4200 BISCAYNE BLVD.
MIAMI BEACH, FL 33137

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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 JACOB SOLOMON
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME MILLER, CAROLYN R
STREET ADDRESS 23 INDIAN CREEK ISLAND
CITY-ST-ZIP MIAMI BEACH, FL

TITLE DS
NAME EISENBERG, HERBERT
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33137

TITLE D
NAME GOLDSTEIN, SAMUEL
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33137

TITLE D
NAME GOLDSTEIN, MIRIAM
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33137

TITLE D
NAME BRODIE, MYRON J.
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33137

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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:

3/9/06 786-866-8623
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR