


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

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

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

<b>DOCUMENT # N93000000197</b> 1. Entity Name <b>SANDRA C. GOLDSTEIN SUPPORTING FOUNDATION, INC.</b>	
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Principal Place of Business <b>4200 BISCAYNE BLVD. MIAMI, FL 33137</b>	Mailing Address <b>4200 BISCAYNE BLVD. MIAMI, FL 33137</b>
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**DO NOT WRITE IN THIS SPACE**



03022006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent  <b>STEPHEN, LANDE C 4200 BISCAYNE BLVD. MIAMI BEACH, FL 33137</b>
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**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	D JACOB SOLOMON 4200 BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CAROLYN R 23 INDIAN CREEK ISLAND MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EISENBERG, HERBERT 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, SAMUEL 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, MIRIAM 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODIE, MYRON J. 4200 BISCAYNE BLVD MIAMI, FL 33137

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/06**  
Date

**786-866-8623**  
Daytime Phone #