## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9300000197

FILED Apr 24, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 4200 BISCAYNE BLVD. MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 4200 BISCAYNE BLVD. MIAMI, FL 33137 FEI Number: 65-0449936 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEPHEN, LANDE C 4200 BISCAYNE BLVD. MIAMI BEACH, FL 33137 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition JACOB SOLOMON, Name: Name: 4200 BISCAYNE BLVD Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: MILLER, CAROLYN R Name: Address: 23 INDIAN CREEK ISLAND Address: City-St-Zip: MIAMI BEACH, FL City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition EISENBERG, HERBERT Name: LANDE, STEPHEN C Name: 4200 BISCAYNE BLVD Address: Address: 4200 BISCAYNE BLVD City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33137 Title: ( ) Delete Title: () Change () Addition Name: GOLDSTEIN, SAMUEL Name: 4200 BISCAYNE BLVD Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: () Delete Title: () Change () Addition GOLDSTEIN, MIRIAM Name: Name: 4200 BISCAYNE BLVD Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: () Delete Title: () Change () Addition BRODIE, MYRON J. Name: Name: Address: 4200 BISCAYNE BLVD Address: MIAMI, FL 33137 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN C. LANDE DS 04/24/2007