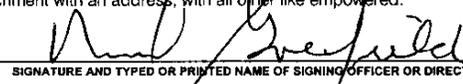


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90048 026 ****61.25

DOCUMENT # N93000001040					
1. Entity Name THE HOWARD GREENFIELD FOUNDATION, INC.					
Principal Place of Business 5920 SOUTHWEST 36TH TERRACE FORT LAUDERDALE, FL 33312			Mailing Address 5920 SOUTHWEST 36TH TERRACE FORT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box #			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	
RHODES, MICHAEL A 7609 DAVIE RD EXT HOLLYWOOD, FL 33024				Name ROSENTHAL, KERRY E.	
				Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191 Street, Suite 500	
				City Aventura	
				FL	
				Zip Code 33180	
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 				DATE 1/5/07	
SIGNATURE Typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENFIELD, HOWARD	NAME			
STREET ADDRESS	5920 SOUTHWEST 36TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COMBS, WESLEY	NAME	PETERSON, WAYNE		
STREET ADDRESS	3815 CALVERT STREET NORTHWEST	STREET ADDRESS	3003 S. Congress Ave., Suite 2C		
CITY-ST-ZIP	WASHINGTON, DC 20007	CITY-ST-ZIP	Palm Springs, FL 33461		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KHANER, NEIL	NAME	ROSENTHAL, KERRY		
STREET ADDRESS	4 WEST 39TH STREET	STREET ADDRESS	2875 N.E. 191 Street, Suite 500		
CITY-ST-ZIP	BALTIMORE, MD 21218	CITY-ST-ZIP	Aventura, FL 33180		
TITLE	DRA <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RHODES, MICHAEL	NAME	RHODES, MICHAEL		
STREET ADDRESS	7609 DAVIE RD EXT	STREET ADDRESS	7609 Davie Rd. Ext.		
CITY-ST-ZIP	HOLLYWOOD, FL 33024	CITY-ST-ZIP	Hollywood, FL 33024		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: 				Date Jan. 5, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 954-987-9118	