


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90027 033 ****61.25

DOCUMENT # N94000005092

1. Entity Name
BARRY & JUDY SILVERMAN FOUNDATION; INC.



Principal Place of Business Mailing Address

2800 PONCE DE LEON BLVD 2800 PONCE DE LEON BLVD
 SUITE 1125 SUITE 1125
 CORAL GABLES FL 33134 CORAL GABLES FL 33134
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
65-0526279 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BREIER, ROBERT G ESQ.
2800 PONCE DE LEON BOULEVARD
SUITE 1125
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	DPC SILVERMAN, BARRY J	<input type="checkbox"/> Delete
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME	DS SILVERMAN, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE NAME	DT SILVERMAN-BIANCO, RONNI	<input type="checkbox"/> Delete
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME	DV SILVERMAN, LAURIE K	<input type="checkbox"/> Delete
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Barry Silverman 3/28/04 305 7050026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #