


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005092 1. Entity Name BARRY & JUDY SILVERMAN FOUNDATION, INC.					
Principal Place of Business 2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134 US			Mailing Address 2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0526279	
5. Certificate of Status Desired <input type="checkbox"/>				\$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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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				U00000317182 04/20/05-80009-008 150.00	
10. OFFICERS AND DIRECTORS					
TITLE	DPC SILVERMAN, BARRY J 2800 PONCE DE LEON BLVD., #1125 CORAL GABLES FL 33134	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, BARRY J		NAME		
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL 33134		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, JUDY		NAME		
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN BIANCO, RONNI		NAME		
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL 33134		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, LAURIE K		NAME		
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL 33134		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		
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 exemption stated in Section 119.07(3)(f), 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: <i>Barry Silverman</i> Barry S Silverman 4/14/05 305-205-0026 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					