


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005092
1. Entity Name
BARRY & JUDY SILVERMAN FOUNDATION, INC.



Principal Place of Business Mailing Address
**2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES FL 33134
US** **2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES FL 33134
US**



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
65-0526279 Not Applied

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPC Delete
NAME SILVERMAN, BARRY J
STREET ADDRESS 2800 PONCE DE LEON BLVD., #1125
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE Change Add
NAME **U00000497140**
STREET ADDRESS **04/22/06-80039-006 61.25**
CITY-ST-ZIP

TITLE DS Delete
NAME SILVERMAN, JUDY
STREET ADDRESS 2800 PONCE DE LEON BLVD., #1125
CITY-ST-ZIP CORAL GABLES FL

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT Delete
NAME SILVERMAN BIANCO, RONNI
STREET ADDRESS 2800 PONCE DE LEON BLVD., #1125
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV Delete
NAME SILVERMAN, LAURIE K
STREET ADDRESS 2800 PONCE DE LEON BLVD., #1125
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 authority like empowered.

Barry Silverman