


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 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 **2800 PONCE DE LEON BLVD**
SUITE 1125 **SUITE 1125**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**
US **US**



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

1st MOORE CR2E037 (10/06)
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000730360	
CITY-ST-ZIP	05/08/07-80077-014 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *Barry J Silverman* 4/18/07 305-705-0026