


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 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
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01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0526279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC SILVERMAN, BARRY J 2800 PONCE DE LEON BLVD., #1125 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SILVERMAN, JUDY 2800 PONCE DE LEON BLVD., #1125 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SILVERMAN BIANCO, RONNI 2800 PONCE DE LEON BLVD., #1125 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SILVERMAN, LAURIE K 2800 PONCE DE LEON BLVD., #1125 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/11/08-90004-024 61.25

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: Judy Silverman 1/28/08 (305) 705-0026

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