

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006314

FILED
Feb 11, 2005
Secretary of State

Entity Name: BRAMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2060 BISCAYNE BLVD
SECOND FLOOR
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

2060 BISCAYNE BLVD
SECOND FLOOR
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-0542566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRIEGER, STANLEY J
2060 BISCAYNE BOULEVARD
SECOND FLOOR
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAMAN, NORMAN
Address: 1 INDIAN CREEK ISLAND
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: BRAMAN, IRMA
Address: 1 INDIAN CREEK ISLAND
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: LUSTGARTEN, SUSAN B
Address: 418 HILLBROOK RD
City-St-Zip: BRYN MAWR, PA 19010

Title: D () Delete
Name: SHACK, DEBRA B
Address: 250 LEUCADENDRA DR.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN BRAMAN

D

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date