

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006314

FILED  
Feb 24, 2009  
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 33154

Title: D      ( ) Delete  
Name: BRAMAN, IRMA  
Address: 1 INDIAN CREEK ISLAND  
City-St-Zip: MIAMI BEACH, FL 33154

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

Title: D      ( ) Delete  
Name: WECHSLER, DEBRA  
Address: 485 LEUCADENDRA DR  
City-St-Zip: CORAL GABLES, FL

### 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 exemption stated 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 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

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date