

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 11, 2006  
Secretary of State**

DOCUMENT# N95000001458

**Entity Name:** THE NATIONAL RETINOBLASTOMA RESEARCH AND SUPPORT FOUNDATION, INC.

**Current Principal Place of Business:**

900 NORTHWEST 17TH STREET  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

900 NORTHWEST 17TH STREET  
MIAMI, FL 33136

**New Mailing Address:**

**FEI Number:** 65-0569861      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WINSTON, GARY  
8576 S.W. 121 STREET  
MIAMI, FL 33156 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: VD ( ) Delete  
Name: MILLER, KIM L  
Address: 341 S.E. 3RD STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete  
Name: MURRAY, TIMOTHY  
Address: 1221 S ALHAMBRA CIRCLE  
City-St-Zip: MIAMI, FL 33146

Title: PD ( ) Delete  
Name: SCHECHTER, JULIE R  
Address: 6261 N.W. 58 WAY  
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete  
Name: TASHJIAN, JUDY  
Address: 5950 S.W. 9 STREET  
City-St-Zip: PLANTATION, FL 33317

Title: T ( ) Delete  
Name: CICCARELLI, NICOLE  
Address: 1221 S ALHAMBRA CIRCLE  
City-St-Zip: MIAMI, FL 33146

**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:

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 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: NICOLE CICCARELLI

T

07/11/2006

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

\_\_\_\_\_  
Date