

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90261 010 ****70.00

DOCUMENT # N95000003854
 1. Entity Name
 ROBERT KARL FAMILY FOUNDATION, INC.



Principal Place of Business 4200 BISCAYNE BLVD MIAMI, FL 33137	Mailing Address 4200 BISCAYNE BLVD MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0604337	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LANDE, STEPHEN C
 4200 BISCAYNE BLVD
 MIAMI, FL 33137

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	D SOLOMON, JACOB 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LANDE, STEPHEN C 4200 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILZIN, BRIAN 200 S BISCAYNE BLVD #2500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARL, ROBERT 6500 SW 114 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARL, NILZA 6500 SW 114 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Handwritten Signature* 3/9/06 786-866-8673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #