


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000002222
 1. Entity Name
 FLORMAN FAMILY FOUNDATION, INC.



Principal Place of Business 1172 S. DIXIE HWY SUITE 497 CORAL GABLES, FL 33146	Mailing Address 1172 S. DIXIE HWY SUITE 497 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0662182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PUCK, ROBERT J
 401 E. LAS OLAS BLVD. #2200
 FORT LAUDERDALE, FL 33301

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

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000119102
 04/19/04-80087-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORMAN, NEIL 12957 SW 67 LANE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUCK, ROBERT J 401 E. LAS OLAS BLVD. STE. 2200 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLANK, MARK 1172 S. DIXIE HWY, STE 497 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCIANO, SHELLEY 360 SW 74 TERR. PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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: *Shelley Marciano, Shelley Marciano, Director 4-15-04 954-713-0866*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #