


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 1172 S. DIXIE HWY                      1172 S. DIXIE HWY  
 SUITE 497                                      SUITE 497  
 CORAL GABLES, FL 33146                  CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**



02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 65-0662182      Not Applicable

5. Certificate of Status Desired            \$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 \_\_\_\_\_ (NOTE: Registered Agent Signature Required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLORMAN, NEIL
STREET ADDRESS	12957 SW 67 LANE
CITY - ST - ZIP	MIAMI, FL 33183
TITLE	D
NAME	PUCK, ROBERT J
STREET ADDRESS	401 E. LAS OLAS BLVD. STE. 2200
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	D
NAME	BLANK, MARK
STREET ADDRESS	1172 S. DIXIE HWY, STE 497
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	MARCIANO, SHELLEY
STREET ADDRESS	360 SW 74 TERR.
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UD00000270987  
 03/21/05-80031-004 61.25

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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*, Director      Shelley Marciano      3-18-05      954-523-7771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #