


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # N96000002222 1. Entity Name FLORMAN FAMILY FOUNDATION, INC.	
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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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03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0662182	Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000656401
03/14/07-80024-002 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 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: Shelley Marciano, Treasurer Shelley Marciano 3-1-07 954-713-0866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #