

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002222

FILED
Mar 13, 2009
Secretary of State

Entity Name: FLORMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1172 S. DIXIE HWY
SUITE 497
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1172 S. DIXIE HWY
SUITE 497
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0662182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUCK, ROBERT J
401 E. LAS OLAS BLVD. #2200
FORT LAUDERDALE, FL 33301 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: D () Delete
Name: FLORMAN, NEIL
Address: 12957 SW 67 LANE
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: PUCK, ROBERT J
Address: 401 E. LAS OLAS BLVD. STE. 2200
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: BLANK, MARK
Address: 1172 S. DIXIE HWY, STE 497
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: MARCIANO, SHELLEY
Address: 360 SW 74 TERR.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLORMAN, NEIL
Address: 461 POINCIANA ISLAND DR #1525
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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 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: SHELLEY MARCIANO

D

03/13/2009

Electronic Signature of Signing Officer or Director

Date