

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 13, 2009  
Secretary of State**

DOCUMENT# N96000002222

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