

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


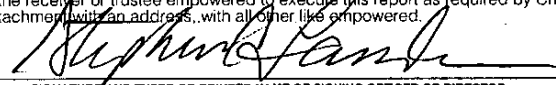
FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90061 040 ****70.00

20022411



02042005 Chg-NP CR2E037 (10/03)

DOCUMENT # N96000004012					
1. Entity Name SAMUEL I. ADLER FAMILY SUPPORTING FOUNDATION, INC.					
Principal Place of Business 4200 BISCAYNE BLVD. MIAMI, FL 33137		Mailing Address 4200 BISCAYNE BLVD. MIAMI, FL 33137			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0688643	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANDE, STEPHEN C 4200 BISCAYNE BLVD MIAMI, FL 33137			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLOMON, JACOB	NAME			
STREET ADDRESS	4200 BISCAYNE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDE, STEPHEN C	NAME			
STREET ADDRESS	4200 BISCAYNE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PODHURST, AARON	NAME			
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 800	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OREN, NEDRA	NAME			
STREET ADDRESS	3526 BAYSHORE VILLAGE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, LEONARD	NAME			
STREET ADDRESS	4200 BISCAYNE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP			
TITLE	SO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADLER, BERNYCE	NAME	50 BERNYCE ADLER		
STREET ADDRESS	3 GROVE ISLE DRIVE, APT-1205/7	STREET ADDRESS	4200 BISCAYNE BLVD.		
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	MIAMI, FL 33137		
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: 		Date: 2/16/05		Daytime Phone #: 786-866-8823	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					