

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90015 010 \*\*\*\*70.00

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
---	---

50007541



**DO NOT WRITE IN THIS SPACE**

03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0688643	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LANDE, STEPHEN C  
 4200 BISCAYNE BLVD  
 MIAMI, FL 33137

**DO NOT WRITE IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLOMON, JACOB 4200 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LANDE, STEPHEN C 4200 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PODHURST, AARON 25 WEST FLAGLER STREET, SUITE 800 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OREN, NEDRA 3526 BAYSHORE VILLAGE DRIVE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LEONARD 4200 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO ADLER, BERNYCE 4200 BISCAYNE BLVD MIAMI, FL 33137

**DO NOT WRITE IN THIS SPACE**

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: [Signature] Date: 3/9/06 Daytime Phone #: 786-866-8623