

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006088

FILED
Apr 26, 2006
Secretary of State

Entity Name: THE SOLOMON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1643 BRICKELL AVE
STE 4902
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1643 BRICKELL AVE
STE 4902
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-0717960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: DPTS () Delete
Name: SOLOMON, MARTIN L.,
Address: 1643 BRICKELL AVE STE 4902
City-St-Zip: MIAMI, FL 33129

Title: DVP () Delete
Name: SOLOMON, SARA,
Address: 1643 BRICKELL AVE STE 4902
City-St-Zip: MIAMI, FL 33129

Title: VPD () Delete
Name: SOLOMON, SEBASTIAN D.,
Address: 1643 BRICKELL AVE STE 4902
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: SOLOMON, ILONA C
Address: 1643 BRICKELL AVE STE 4902
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: MARTIN L. SOLOMON

DPTS

04/26/2006

Electronic Signature of Signing Officer or Director

Date