


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N96000006088 1. Entity Name THE SOLOMON FAMILY FOUNDATION, INC. |  |
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| Principal Place of Business 1643 BRICKELL AVE STE 4902 MIAMI FL 33129 | Mailing Address 1643 BRICKELL AVE STE 4902 MIAMI FL 33129 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | 4. FEI Number 65-0717960 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Applied For <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip | Country | Zip |
| Country | Country | |

1st MOORE CR2E037 (10/07)

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| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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: *Martin L. Solomon* 4/23/08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW: FEE IS \$61.25 Due By: May 1, 2008 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPTS SOLOMON, MARTIN L. 1643 BRICKELL AVE STE 4902 MIAMI FL 33129 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | U00000937688 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/27/08-80061-003 61.25 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP SOLOMON, SARA 1643 BRICKELL AVE STE 4902 MIAMI FL 33129 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD SOLOMON, SEBASTIAN D. 1643 BRICKELL AVE STE 4902 MIAMI FL 33129 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SOLOMON, ILONA C 1643 BRICKELL AVE STE 4902 MIAMI FL 33129 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Martin L. Solomon*

4/23/08