

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006088

FILED  
Feb 16, 2010  
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  
Name: SOLOMON, MARTIN L.  
Address: 1643 BRICKELL AVE STE 4902  
City-St-Zip: MIAMI, FL 33129

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

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

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

Title: D  
Name: SHUSTER, RICHARD  
Address: 909 3RD AVENUE  
City-St-Zip: NEW YORK, NY 10022

I hereby 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 all other like empowered.

SIGNATURE: MARTIN L. SOLOMON

PRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date