

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001122

FILED
Apr 29, 2004
Secretary of State**Entity Name:** CAROLYN ROSEN MILLER FAMILY SUPPORTING FOUNDATION, INC.**Current Principal Place of Business:**4200 BISCAYNE BLVD
MIAMI, FL 33137**New Principal Place of Business:****Current Mailing Address:**4200 BISCAYNE BLVD
MIAMI, FL 33137**New Mailing Address:****FEI Number:** 65-0735838**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LANDE, STEPHEN C
4200 BISCAYNE BLVD
MIAMI, FL 33137**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: D () Delete
Name: SMITH, HARRY B
Address: 701 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: LEVY, HARRY A
Address: 10800 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: SCHAECHTER, MARVIS
Address: 3 GROVE ISLE DRIVE
City-St-Zip: COCONUT GROVE, FL 33137

Title: D () Delete
Name: SOLOMON, JACOB
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: DS () Delete
Name: LANDE, STEPHEN C
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: MILLER, CAROLYN ROSEN
Address: 23 INDIAN CREEK ISLAND
City-St-Zip: MIAMI BEACH, FL 33154

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:

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 Section 119.07(3)(i), 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: STEPHEN C LANDE

DS

04/29/2004

Electronic Signature of Signing Officer or Director

Date