

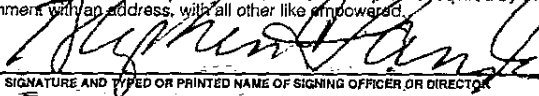


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001122</b>			
1. Entity Name CAROLYN ROSEN MILLER FAMILY SUPPORTING FOUNDATION, INC.			
Principal Place of Business 4200 BISCAYNE BLVD MIAMI, FL 33137	Mailing Address 4200 BISCAYNE BLVD MIAMI, FL 33137		
<b>DO NOT WRITE IN THIS SPACE</b>			
		05112005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 65-0735838	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		<b>DO NOT WRITE IN THIS SPACE</b>	
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 September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000367706 05/20/05-80001-011 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HARRY B 701 BRICKELL AVE MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, HARRY A 10800 BISCAYNE BLVD MIAMI, FL 33161		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, MARVIS 3 GROVE ISLE DRIVE COCONUT GROVE, FL 33137		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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 MILLER, CAROLYN ROSEN 23 INDIAN CREEK ISLAND MIAMI BEACH, FL 33154		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		5/11/05 305-576-4000 Daytime Phone #	