

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000001346	
1. Entity Name THE SOFFER FAMILY FOUNDATION, INC.	



Principal Place of Business 19501 BISCAYNE BLVD SUITE #400 AVENTURA, FL 33180 US	Mailing Address 19501 BISCAYNE BLVD SUITE #400 AVENTURA, FL 33180 US
---	---



04212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1519743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SOFFER, MARSHA 19501 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33180
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOFFER, DON 19501 BISCAYNE BLVD, #400 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOFFER, MARSHA 19501 BISCAYNE BLVD, #400 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOFFER, JEFFREY 19501 BISCAYNE BLVD, #400 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOFFER, JACQUELYN 19501 BISCAYNE BLVD, #400 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000549848  
05/13/06-80036-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 305-937-6202  
Date Daytime Phone #