

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N97000003198**

1. Entity Name  
MBM FAMILY FOUNDATION, INC.



Principal Place of Business  
5104 SW 72ND AVE.  
MIAMI, FL 33155

Mailing Address  
5104 SW 72ND AVE.  
MIAMI, FL 33155



01232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0773843

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUCHBINDER, MARK  
5104 S W 72ND AVENUE  
MIAMI, FL 33155

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

1100000803422

02/08/08-80021-015 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCHBINDER, MARK
STREET ADDRESS	5104 SW 72ND AVE.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	BUCHBINDER, MARJORIE A
STREET ADDRESS	5104 SW 72ND AVE.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	CLEIN, LAURA B
STREET ADDRESS	492 MOUNTAIN AVE
CITY-ST-ZIP	SONOMA, CA
TITLE	D
NAME	PORTMAN, EMILY B
STREET ADDRESS	2433 NUEZ WAY
CITY-ST-ZIP	TOPANGA, CA 90290
TITLE	D
NAME	BEADLE, ELIZABETH B
STREET ADDRESS	5104 SW 72 AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

MARK  
BUCHBINDER 1/23/08 305-669-1350