

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003198

FILED
Jan 14, 2009
Secretary of State

Entity Name: MBM FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5104 SW 72ND AVE.
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5104 SW 72ND AVE.
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0773843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUCHBINDER, MARK
5104 S W 72ND AVENUE
MIAMI, FL 33155 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: D () Delete
Name: BUCHBINDER, MARK
Address: 5104 SW 72ND AVE.
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: BUCHBINDER, MARJORIE A
Address: 5104 SW 72ND AVE.
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: CLEIN, LAURA B
Address: 492 MOUNTAIN AVE
City-St-Zip: SONOMA, CA

Title: D () Delete
Name: PORTMAN, EMILY B
Address: 2433 NUEZ WAY
City-St-Zip: TOPANGA, CA 90290

Title: D () Delete
Name: BEADLE, ELIZABETH B
Address: 5104 SW 72 AVENUE
City-St-Zip: MIAMI, FL 33155

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 exemption stated 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 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: MARK BUCHBINDER

P/D

01/14/2009

Electronic Signature of Signing Officer or Director

Date