# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N99000005899

1. Entity Name
FERRARO FAMILY FOUNDATION, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 4000 PONCE DE LEON BLVD<br>SUITE 700<br>MIAMI, FL 33146 | 4000 PONCE DE LEON BLVD<br>SUITE 700<br>MIAMI, FL 33146 |

**DO NOT WRITE IN THIS SPACE**

03092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0953780

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST
SUITE 2800
MIAMI, FL 33131

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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, 2006**

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

| 10. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | D |
| NAME | FERRARO, JAMES L |
| STREET ADDRESS | 4000 PONCE DE LEON BLVD STE 700 |
| CITY-ST-ZIP | MIAMI, FL 33146 |
| TITLE | D |
| NAME | FERRARO, LOUIS J |
| STREET ADDRESS | 98 VALLEYWOOD RD |
| CITY-ST-ZIP | COS COB, CT 06807 |
| TITLE | D |
| NAME | FERRARO, LUELLA |
| STREET ADDRESS | 98 VALLEYWOOD RD |
| CITY-ST-ZIP | COS COB, CT 06807 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James L. Ferraro 3/14/06 (305) 375-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #