


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002528

1. Entity Name
HALBERSTEIN FAMILY SUPPORTING FOUNDATION, INC.



Principal Place of Business
**4200 BISCAYNE BLVD.
 MIAMI, FL 33137**

Mailing Address
**4200 BISCAYNE BLVD.
 MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



07072006 No Chg-NP CR2E037 (4/06)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 91-2117364 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, STEPHEN M
 4200 BISCAYNE BLVD.
 MIAMI, FL 33137**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 6, 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 | S EISENBERG, HERBERT 4200 BISCAYNE BLVD MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SOLOMON, JACOB 4200 BISCAYNE BLVD. MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BELLOCK, JACK 19707 TURNBERRY WAY APT. 8-J AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SILVERMAN, BARRY J DR. 2801 N.E. 208TH TERRACE, SUITE 102 AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OLEMBERG, ISAAC 800 N.W. 21ST STREET MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 07/27/06-80001-004 70.00

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 individuals empowered.

SIGNATURE: *Stephen M. Schwartz* **7/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #