

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006088

**Entity Name:** THE SOLOMON FAMILY FOUNDATION, INC.

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC1633589472**

**Current Principal Place of Business:**

1643 BRICKELL AVE  
STE 4902  
MIAMI, FL 33129

**Current Mailing Address:**

1643 BRICKELL AVE  
STE 4902  
MIAMI, FL 33129

**FEI Number: 65-0717960**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title           DPTS  
Name           SOLOMON, SARA  
Address        1643 BRICKELL AVE STE 4902  
City-State-Zip: MIAMI FL 33129

Title           DVP  
Name           SOLOMON, SARA  
Address        1643 BRICKELL AVE STE 4902  
City-State-Zip: MIAMI FL 33129

Title           VPD  
Name           SOLOMON, SEBASTIAN D.  
Address        1643 BRICKELL AVE STE 4902  
City-State-Zip: MIAMI FL 33129

Title           VP  
Name           SOLOMON, ILONA C  
Address        1643 BRICKELL AVE STE 4902  
City-State-Zip: MIAMI FL 33129

*I hereby 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 all other like empowered.*

**SIGNATURE: SARA SOLOMON**

**PRESIDENT**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date