

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006088

**FILED**  
**Jan 30, 2013**  
**Secretary of State**  
**CC133296625**

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

**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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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, MARTIN L.  
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

Title D  
Name SHUSTER, RICHARD  
Address 909 3RD AVENUE  
City-State-Zip: NEW YORK NY 10022

*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:** MARTIN L. SOLOMON

**DPTS**

**01/30/2013**

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

\_\_\_\_\_  
Date