

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004254

**FILED**  
**Feb 06, 2020**  
**Secretary of State**  
**6128431562CC**

**Entity Name:** THE BRAMAN PHILANTHROPIC FUND, INC.

**Current Principal Place of Business:**

2060 BISCAYNE BOULEVARD, SECOND FLOOR  
MIAMI, FL 33137-5024

**Current Mailing Address:**

2060 BISCAYNE BOULEVARD, SECOND FLOOR  
MIAMI, FL 33137-5024

**FEI Number:** 47-1887620

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DP  
Name BRAMAN, NORMAN  
Address 2060 BISCAYNE BOULEVARD,  
SECOND FLOOR  
City-State-Zip: MIAMI FL 33137-5024

Title DST  
Name BRAMAN, IRMA  
Address 2060 BISCAYNE BOULEVARD,  
SECOND FLOOR  
City-State-Zip: MIAMI FL 33137-5024

*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:** IRMA BRAMAN

**SECRETARY**

**02/06/2020**

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

\_\_\_\_\_  
Date