

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009279

Entity Name: KIDS AND FAMILIES FOUNDATION, INC.**Current Principal Place of Business:**1985 NW 88 CT
SUTIE #101
MIAMI, FL 33172**Current Mailing Address:**1985 NW 88 CT
SUTIE #101
MIAMI, FL 33172**FEI Number:** 55-0807984**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDEZ-MENDOZA, SARAH A
133 SEVILLA AVENUE
MIAMI, FL 33134 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	PT
Name	GONZALEZ, JOSE
Address	2855 SOUTH LEJEUNE ROAD, 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	PALMER-YERA, ESSIE
Address	7220 NW 36TH STREET, SUITE #400
City-State-Zip:	MIAMI FL 33166

Title	D
Name	THOMAS, CARMEN SHEILA
Address	6641 SW 64TH STREET
City-State-Zip:	MIAMI FL 33143

Title	TRE
Name	TRUEBA, CARLOS M
Address	1985 NW 88TH COURT, SUITE #101
City-State-Zip:	DORAL FL 33172

Title	D
Name	FERNANDEZ, LIZ
Address	901 PONCE DE LEON BLVD, SUITE #900
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	GARCIA, ENRIQUE
Address	6911 PORTILLO STREET
City-State-Zip:	CORAL GABLES FL 33146

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: CARLOS M. TRUEBA, CPA**TREASURER****04/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date