

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002889

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** MIROCHNICK FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

7233 MONTRICO DRIVE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7233 MONTRICO DRIVE  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 36-3192240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIROCHNICK, MARUKA  
7233 MONTRICO DRIVE  
BOCA RATON, FL 33433 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: MIROCHNICK, MARUKA  
Address: 7233 MONTRICO DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: THOMPSON, KATHY  
Address: 31498 DEER LAKE RD  
City-St-Zip: UNDERWOOD, MN 31498

Title: D ( ) Delete  
Name: KENNA, ERIC M  
Address: 1924 LEICESTER WAY  
City-St-Zip: FORT COLLINS, CO 85526

Title: D ( ) Delete  
Name: MONTOYA, DEL ROCIO  
Address: CDA. DE FRESNOS 39 EDIF. C 203  
City-St-Zip: CUAJIMALPA, MEXICO, 05260

Title: D ( ) Delete  
Name: MONTOYA, DEL ROCIO  
Address: CDA. DE FRESNOS 39 EDIF. C. 203  
City-St-Zip: TEMIXCO, MOR. MEXICO, 05260

Title: D ( ) Delete  
Name: MONTOYA, AMAURI  
Address: MELCHOR OCAMPO ESQ. ALLENDE  
City-St-Zip: MARTINEZDE LA TORRE, MEXICO, 93600

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMAURI MONTOYA

D

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date