

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 09, 2005
Secretary of State

DOCUMENT# N01000005680

Entity Name: AMERICAN FRIENDS OF KIDS FOR KIDS, INC.**Current Principal Place of Business:**7750 SW 115 ST
MIAMI, FL 33156**New Principal Place of Business:**14114 SHOLOM PLACE
SAN ANTONIO, TX 78230**Current Mailing Address:**7750 SW 115 ST
MIAMI, FL 33156**New Mailing Address:**14114 SHOLOM PLACE
SAN ANTONIO, TX 78230**FEI Number:** 58-2644930**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHASE, ALAN R ESQ
COHEN CHASE HOFFMAN & SCHIMMEL PA
9400 S DADELAND BLVD SUITE 600
MIAMI, FL 33156 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: D () Delete
Name: ABELS, MICHAEL MD
Address: 7750 SW 115 ST
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: GOLD, YESHARA
Address: 7750 SW 115 ST
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: SMOLARCIK, MORDECHEI
Address: 7750 SW 115 ST
City-St-Zip: MIAMI, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: COHEN, DEAN
Address: 14114 SHOLOM PLACE
City-St-Zip: SAN ANTONIO, TX 78230

Title: D (X) Change () Addition
Name: GOLD, YESHARA
Address: 14114 SHOLOM PLACE
City-St-Zip: SAN ANTONIO, TX 78230

Title: D (X) Change () Addition
Name: SMOLARCIK, MORDECHEI
Address: 14114 SHOLOM PLACE
City-St-Zip: SAN ANTONIO, TX 78230

Title: T/S () Change (X) Addition
Name: COHEN, DEVORAH
Address: 14114 SHOLOM PLACE
City-St-Zip: SAN ANTONIO, TX 78230

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEAN COHEN

D/P

09/09/2005

Electronic Signature of Signing Officer or Director

Date