

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004042

FILED
Jan 15, 2004
Secretary of State**Entity Name:** KRYF FAMILY FOUNDATION, INC.**Current Principal Place of Business:**10101 LAKESIDE DRIVE
CORAL GABLES, FL 33156**New Principal Place of Business:**444 BRICKELL AVENUE
SUITE 51-742
MIAMI, FL 33131 US**Current Mailing Address:**10101 LAKESIDE DRIVE
CORAL GABLES, FL 33156**New Mailing Address:**444 BRICKELL AVENUE
SUITE 51-742
MIAMI, FL 33131 US**FEI Number:** 51-0466551**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KRYF, CLAUDIA
10101 LAKESIDE DRIVE
CORAL GABLES, FL 33156**Name and Address of New Registered Agent:**KRYF, CLAUDIA
444 BRICKELL AVENUE
SUITE 51-742
MIAMI, FL 33131 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: CB KRYF

01/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** MS. () Change (X) Addition
Name: KRYF, CLAUDIA B OFFICER
Address: 444 BRICKELL AVENUE, SUITE 51-742
City-St-Zip: MIAMI, FL 33131**Title:** MR. () Change (X) Addition
Name: KRYF, ALEJANDRO J OFFICER
Address: 444 BRICKELL AVENUE, SUITE 51-742
City-St-Zip: MIAMI, FL 33131

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: CB KRYF

OFFI

01/15/2004

Electronic Signature of Signing Officer or Director

Date