

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000008225</b> 1. Entity Name <b>KATZMAN FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>3872 NE 199 TERRACE AVENTURA FL 33180</b>	Mailing Address <b>1696 NE MIAMI GARDEN DRIVE NORTH MIAMI BEACH FL 33179</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE      CR2E037 (4/06)

4. FEI Number <b>20-0255604</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AMERICAN INFORMATION SERVICES, INC.  
ONE SE 3RD AVE, STE 2800  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME	DPS KATZMAN, CHAIM <input type="checkbox"/> Delete
STREET ADDRESS	3872 NE 199 TERRACE
CITY-ST-ZIP	AVENTURA FL 33180
TITLE NAME	DVPT KATZMAN, SHULAMIT <input type="checkbox"/> Delete
STREET ADDRESS	3872 NE 199 TERRACE
CITY-ST-ZIP	AVENTURA FL 33180
TITLE NAME	D GOZLAN, MAURICE <input type="checkbox"/> Delete
STREET ADDRESS	6196 NW 11TH COURT
CITY-ST-ZIP	SUNRISE FL 33313
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	000000572603
CITY-ST-ZIP	07/28/06-80005-017 61.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_