2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N03000008225

Entity Name: KATZMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3872 NE 199 TERRACE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

1696 NE MIAMI GARDEN DRIVE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 20-0255604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: DPS ( ) Delete
Name: KATZMAN, CHAIM
Address: 3872 NE 199 TERRACE
City-St-Zip: AVENTURA, FL 33180

Title: DVPT ( ) Delete
Name: KATZMAN, SHULAMIT
Address: 3872 NE 199 TERRACE
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: GOZLAN, MAURICE
Address: 6196 NW 11TH COURT
City-St-Zip: SUNRISE, FL 33313

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

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: D ( ) Change (X) Addition
Name: KATZMAN, ABIGAIL
Address: 3872 NE 199 TERRACE
City-St-Zip: AVENTURA, FL 33180

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: CHAIM KATZMAN DVPT 04/30/2009

Electronic Signature of Signing Officer or Director — Date