## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010095

FILED Jul 19, 2005 Secretary of State

Entity Nar	me: KIDS FOR KIDS FOUNDATION, INC			
Current Principal Place of Business:		New Principal Place of Business:		
7000 SW 62ND AVENUE MIAMI, FL 33143		6421 SW 109 ST MIAMI, FL 33156		
Current Mailing Address:		New Mailing Address:		
7000 SW 62ND AVENUE MIAMI, FL 33143		P.O BOX 5605505 MIAMI, FL 33256		
	20-0434601 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation die Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desire not receive the prior notice.  Name and Address of New Registered Agent:	d()	
DOFMAN, LISA 7000 SW 62ND AVENUE MIAMI, FL 33143 US		DOFMAN, LISA 6421 SW 109 ST MIAMI, FL 33156 US		
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent,	or both,	
SIGNATUR	RE:	07/19/2005		
	Electronic Signature of Registered	Agent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete DORFMAN, LISA 7000 SW 62ND AVENUE MIAMI, FL 33143	Title: D (X) Change ( ) Addition Name: DORFMAN, LISA Address: 6421 SW 109 ST City-St-Zip: MIAMI, FL 33156		
Title: Name: Address: City-St-Zip:	D () Delete DORFMAN, ROBERT 7000 SW 62ND AVENUE MIAMI, FL 33143	Title: D (X) Change ( ) Addition Name: DORFMAN, ROBERT Address: 6421 SW 109 ST City-St-Zip: MIAMI, FL 33156		
Title: Name: Address: City-St-Zip:	D () Delete SHAPIRO, DANA 40 JUNEAU BLVD. WOODBURY, NY 11797	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () Delete SHAPIRO, A. BRUCE 40 JUNEAU BLVD. WOODBURY, NY 11797	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		

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: ROBERT DORFMAN 07/19/2005 D