


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90375 007 ****61.25

DOCUMENT # N05000003053 1. Entity Name KRESS FAMILY WILLIAM ESTHER & WILMA FOUNDATION, INC.			
Principal Place of Business ONE SE 3RD AVE., 28TH FLOOR MIAMI, FL 33131		Mailing Address ONE SE 3RD AVE., 28TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business 7765 SW 87 AVE Suite, Apt. #, etc. STE 102 City & State MIAMI FL Zip Country 33173 Miami-Dade		3. Mailing Address 7765 SW 87 AVE Suite, Apt. #, etc. STE 102 City & State MIAMI FL Zip Country 33173 Miami-Dade	
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$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 STEPHEN A. KRESS Street Address (P.O. Box Number is Not Acceptable) 7765 SW 87 AVE STE 102 City MIAMI FL Zip Code 33173	
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. <i>Stephen A. Kress Dir</i>			
SIGNATURE <i>Stephen A. Kress</i> STEPHEN A. KRESS Dir		DATE 4/1/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR & CH STEPHEN A. KRESS 33173 7765 SW 87AVE#102, MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LORI KRESS 33173 7765 SW 87AV#102 MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CONNIE M. KRESS 33173 7765 SW 87 AV#102 MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Stephen A. Kress</i> STEPHEN A. KRESS		Date 4/1/06 Daytime Phone # 305-279-1600	