

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90029 019 \*\*\*\*61.25

**DOCUMENT # N06000009677**

1. Entity Name

RICHARD AND KAREN RAZOOK FAMILY FOUNDATION,  
INC.



Principal Place of Business

5765 SW 113 STREET  
MIAMI, FL 33156

Mailing Address

5765 SW 113 STREET  
MIAMI, FL 33156



02102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-5543638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAZOOK, RICHARD J  
5765 SW 113 STREET  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RAZOOK, RICHARD  
STREET ADDRESS 5765 SW 113TH STREET  
CITY-ST-ZIP MIAMI, FL 33156

TITLE VPD  
NAME RAZOOK, KAREN  
STREET ADDRESS 5765 SW 113TH STREET  
CITY-ST-ZIP MIAMI, FL 33156

TITLE D  
NAME RAZOOK, CAROLINE  
STREET ADDRESS 5765 SW 113TH STREET  
CITY-ST-ZIP MIAMI, FL 33156

TITLE D  
NAME RAZOOK, ERICA  
STREET ADDRESS 5765 SW 113TH STREET  
CITY-ST-ZIP MIAMI, FL 33156

TITLE D  
NAME RAZOOK, ALYSSA  
STREET ADDRESS 5765 SW 113TH STREET  
CITY-ST-ZIP MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 10, 2008 (305) 669-1142  
Date Daytime Phone #