2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# N06000010819

Entity Name: JOHN KRUSZ FOUNDATION INC

Current Principal Place of Business:

4970 SW 72 AVE SUITE 107
MIAMI, FL 33155

New Principal Place of Business:

5965 SW 100 STREET
MIAMI, FL 33156

Current Mailing Address:

4970 SW 72 AVE SUITE 107
MIAMI, FL 33155

New Mailing Address:

5965 SW 100 STREET
MIAMI, FL 33156

FEI Number: 20-5522138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MASPONS, MIGUEL
4970 SW 72 AVE SUITE 107
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

MASPONS, MIGUEL A
5965 SW 100 STREET
MIAMI, FL 33156 US

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: MIGUEL A. MASPONS 05/06/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MASPONS, MIGUEL
Address: 4970 SW 72 AVE SUITE 107
City-St-Zip: MIAMI, FL 33155

Title: V ( ) Delete
Name: MOLINA, ALBERT
Address: 4970 SW 72 AVE SUITE 107
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Delete
Name: KRUSZ, DAVID
Address: 44 ENDICOTT STREET
City-St-Zip: DEDHAN, MA 02026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MASPONS, MIGUEL A
Address: 5965 SW 100 STREET
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MIGUEL A. MASPONS P. 05/06/2008
Electronic Signature of Signing Officer or Director — Date