

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 08, 2007 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N99000002252</b>  |   |
| 1. Entity Name<br><b>KUBICKI FAMILY FOUNDATION, INC.</b>                          |   |
| Principal Place of Business<br><b>13635 DEERING BAY DRIVE<br/>MIAMI, FL 33158</b> | Mailing Address<br><b>13635 DEERING BAY DRIVE<br/>MIAMI, FL 33158</b> |



01302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0933761</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>SACHER, CHARLES P ESQUIRE<br/>C/O SACHER, MARTINI &amp; SACHER, P.A.<br/>2655 LEJEUNE ROAD, SUITE 1101<br/>CORAL GABLES, FL 33134</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

|  |                                       |
|--|---------------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b>                |                                       |
| TITLE<br><b>D</b>                                | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| NAME<br><b>KUBICKI, ANTON EUGENE</b>             |                                       |
| STREET ADDRESS<br><b>13635 DEERING BAY DRIVE</b> |                                       |
| CITY-ST-ZIP<br><b>MIAMI, FL 33158</b>            |                                       |
| TITLE<br><b>D</b>                                |                                       |
| NAME<br><b>KUBICKI, CAROL S</b>                  |                                       |
| STREET ADDRESS<br><b>13635 DEERING BAY DRIVE</b> |                                       |
| CITY-ST-ZIP<br><b>MIAMI, FL 33158</b>            |                                       |
| TITLE<br><b>D</b>                                |                                       |
| NAME<br><b>MCGINLEY, HUBERT S</b>                |                                       |
| STREET ADDRESS<br><b>1890 GUMBO LIMBO CT</b>     |                                       |
| CITY-ST-ZIP<br><b>JUPITER, FL 33458</b>          |                                       |
| TITLE<br><b></b>                                 |                                       |
| NAME<br><b></b>                                  |                                       |
| STREET ADDRESS<br><b></b>                        |                                       |
| CITY-ST-ZIP<br><b></b>                           |                                       |
| TITLE<br><b></b>                                 |                                       |
| NAME<br><b></b>                                  |                                       |
| STREET ADDRESS<br><b></b>                        |                                       |
| CITY-ST-ZIP<br><b></b>                           |                                       |

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:** Carol S. Kubicki / **CAROL S. KUBICKI** 2/5/2007 305-233-1012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #