


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

FILED

**Jan 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # N99000002252 1. Entity Name KUBICKI FAMILY FOUNDATION, INC.	
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Principal Place of Business 13635 DEERING BAY DRIVE MIAMI, FL 33158	Mailing Address 13635 DEERING BAY DRIVE MIAMI, FL 33158
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent SACHER, CHARLES P ESQUIRE C/O SACHER, MARTINI & SACHER, P.A. 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUBICKI, ANTON EUGENE 13635 DEERING BAY DRIVE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUBICKI, CAROL S 13635 DEERING BAY DRIVE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINLEY, HUBERT S 1890 GUMBO LIMBO CT JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/08-80082-008 61.25

**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: Carol S. Kubicki / CAROL S. KUBICKI 1-22-2008 305-233-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #