2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002994

FILED Jaņ 0<u>8, 2</u>008 Secretary of State

Entity Name: JOSEPH & FRIEDA ROSS FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8520 SW 12 STREET MIAMI, FL 33144 **Current Mailing Address: New Mailing Address:** C/O PETER HORNIK P O BOX 440606 MIAMI, FL 33144 FEI Number: 65-0919356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLINGER, SCOTT R WILLINGER, SCOTT R 5801 NW 151 STREET 6625 MIAMI LAKES DRIVE SUITE 217 SUITE 307 MIAMI LAKES, FL 33014 US MIAMI LAKES, FL 33014 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: 01/08/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HORNIK, PETER HORNIK, PETER F Name: Name: Address: 8520 SW 12 STREET Address: 8520 SW 12 STREET City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33144 Title: () Delete Title: () Change () Addition Name: HORNIK, STEVEN Name: Address: 13627 SUNSHOWERS CIRCLE Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: () Change () Addition HORNIK, TODD Name: Name: PO BOX 5522 Address: Address: City-St-Zip: CARMEL, CA 93921 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SAX, WILLIAM Name: 230 OLD KELLER FARM ROAD Address: Address: City-St-Zip: BOONE, NC 28607 City-St-Zip: Title: Title: () Delete () Change () Addition PARRITZ, ROBIN Name: Name: 2242 FIELDSTONE DRIVE Address: Address: City-St-Zip: MENDOTA HEIGHTS, MN 55120 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: PETER F HORNIK D 01/08/2008