2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002994

City-St-Zip:

MENDOTA HEIGHTS, MN 55120

Entity Name: JOSEPH & FRIEDA ROSS FOUNDATION, INC.

FILED Jan 16, 2009 Secretary of State

•			,			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
8520 SW 1 MIAMI, FL						
Current Mailing Address:			New Mailing Address:			
C/O PETEI P O BOX 4 MIAMI, FL	40606					
FEI Number: 65-0919356 FEI Number Applied For ()			FEI Number Not Appl	Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
5801 NW 1 SUITE 307	R, SCOTT R 51 STREET ES, FL 33014	US				
The above in the State		ubmits this statement for the pu	irpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
OFFICERS	AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () HORNIK, PETE 8520 SW 12 ST MIAMI, FL 331	REET	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () HORNIK, STEVI 13627 SUNSHO ORLANDO, FL	WERS CIRCLE	Title: Name: Address: City-St-Zip:	HORNIK, STEV	OWERS CIRCLE	
Title: Name: Address: City-St-Zip:	D () HORNIK, TODD PO BOX 5522 CARMEL, CA 9	Delete	Title: Name: Address: City-St-Zip:	D (X) HORNIK, TODD PO BOX 5522 CARMEL, CA S		
Title: Name: Address: City-St-Zip:	D () SAX, WILLIAM 230 OLD KELLI BOONE, NC 28		Title: Name: Address: City-St-Zip:	D (X) SAX, WILLIAM P O BOX 3080 BOONE, NC 28	Change () Addition	
Title: Name: Address:	D () PARRITZ, ROBI 2242 FIELDSTO		Title: Name: Address:	D (X) PARRITZ, ROB 2242 FIELDSTO		

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.

City-St-Zip:

MENDOTA HEIGHTS, MN 55120

SIGNATURE: PETER F HORNIK D 01/16/2009