


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000007286</b> 1. Entity Name <b>KRITCHMAN FAMILY FOUNDATION, INC.</b>	
----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>1210 ALFONSO AVENUE CORAL GABLES, FL 33146</b>	Mailing Address <b>200 S. BISCAYNE BLVD, 15TH FLOOR MIAMI, FL 33131</b>
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0979240</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KRITCHMAN, LOLA  
1210 ALFONSO AVENUE  
CORAL GABLES, FL 33146**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRITCHMAN, LOLA 1210 ALFONSO AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRITCHMAN, WILLIAM 7040 S.W. 54TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KIMBERLY 200 SOUTH BISCAYNE BLVD 15TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACH, HOWARD M.D. 8940 N. KENDALL DR. EAST TOWER STE#300E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTON, STEVE 10729 S.W. 104TH STREET MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIGEL, HENRI EILEEN 790 W. 49TH STREET MIAMI BEACH, FL 33140

U000000414518  
02/11/06-80039-021 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #