

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007286

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** KRITCHMAN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1210 ALFONSO AVENUE  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

7040 S.W. 54TH STREET  
MIAMI, FL 33155

**Current Mailing Address:**

200 S. BISCAYNE BLVD, 15TH FLOOR  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 65-0979240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KRITCHMAN, WILLIAM  
7040 S.W. 54TH STREET  
MIAMI, FL 33155 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: WILLIAM KRITCHMAN

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/SC  
Name: HELLER, DAN P ESQ.  
Address: 3250 MARY STREET SUITE 102  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D/P  
Name: KRITCHMAN, WILLIAM  
Address: 7040 S.W. 54TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: SMITH, KIMBERLY  
Address: 200 SOUTH BISCAYNE BLVD 15TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: WALLACH, HOWARD M.D.  
Address: 8940 N. KENDALL DR. EAST TOWER STE#300E  
City-St-Zip: MIAMI, FL 33176

Title: D/TR  
Name: GOLDSTON, STEVE  
Address: 10729 S.W. 104TH STREET  
City-St-Zip: MIAMI, FL 33140

Title: D  
Name: SPEIGEL, HENRI EILEEN  
Address: 790 W. 49TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM KRITCHMAN

D/P

04/22/2011

Electronic Signature of Signing Officer or Director

Date