## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92214

Entity Name: KATZ FAMILY CORP.

FILED Jan 07, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 240	DES ROAD IW TON, FL 33434	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
21218 ST. #404	ANDREWS BLV	D.			
BOCA RA	TON, FL 33433	US			
FEI Number:	:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2255 GLAI SUITE 240	OMAS O SEC DES ROAD DW TON, FL 33431	US			
	named entity su e of Florida.	bmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
Election Car	npaign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () D KATZ, DANIEL W 12914 STONEBRO DAVIE, FL 33330	PRES DOK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP D ( ) D KATZ, ELEANOR 5633 LIVE OAK T HOLLYWOOD, FL	M VP ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S D ( ) D KATZ, THOMAS C 8765 HORSESHO BOCA RATON, FL	SEC. E LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VP ()D		Title: Name	( ) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: THOMAS O. KATZ S 01/07/2008

714 NW 101ST TERRACE

PLANTATION, FL 33324

Address:

City-St-Zip: