


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90010 028 \*\*\*\*61.25

**DOCUMENT # N99000002838**

1. Entity Name  
 CLARENCE WOLF JR. AND ALMA B. WOLF FOUNDATION, INC.



Principal Place of Business      Mailing Address

1101 BRICKELL AVE., STE. 800      1101 BRICKELL AVE., STE. 800  
 MIAMI, FL 33131                      MIAMI, FL 33131

**50001364**



**DO NOT WRITE IN THIS SPACE**

01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0920365	Applied For 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

~~INTERSTATE REGISTERED AGENT CORPORATION~~  
~~701 BRICKELL AVE., STE. 2800~~  
~~MIAMI, FL 33131~~

RICHARD M KWAL  
 1101 BRICKELL AVE., STE 800  
 MIAMI FL 33131

**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 *Richard M. Kwal*      DATE *1/5/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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 KWAL, RICHARD M 1101 BRICKELL AVE., STE. 800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, GAIL DR. 1101 BRICKELL AVE., STE. 800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, STEVEN H 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWAL, RACHEL A 1101 BRICKELL AVE STE 800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard M Kwal*      *1/5/05*      *305-577-4333*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #