


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0920365 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KWAL, RICHARD M
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | D |
| NAME | KWAL, RICHARD M |
| STREET ADDRESS | 1101 BRICKELL AVE., STE. 800 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | D |
| NAME | RUBIN, GAIL DR. |
| STREET ADDRESS | 1101 BRICKELL AVE., STE. 800 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | D |
| NAME | HAGEN, STEVEN H |
| STREET ADDRESS | 701 BRICKELL AVE STE. 1400 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | D |
| NAME | KWAL, RACHEL A |
| STREET ADDRESS | 1101 BRICKELL AVE STE 800 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000578679
 01/09/07-80039-001 61.25

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: Richard M Kwal **Richard M. Kwal** 1/4/07 305-597-6008

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