

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749874

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: KTW FOUNDATION LTD., INC.

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE  
SUITE 600  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

220 ALHAMBRA CIRCLE  
SUITE 600  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-1950712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EDELSTEIN, EMANUEL  
220 ALHAMBRA CIRCLE  
SUITE 600  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDELSTEIN, EMANUEL,  
Address: 220 ALHAMBRA CR., SUITE 600  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: KASIERER, IGNACIO,  
Address: 147 BELGIELEI  
City-St-Zip: ANTWERPEN, BELGIUM,

Title: TD ( ) Delete  
Name: KEST, SOL,  
Address: 5150 OVERLAND AVE  
City-St-Zip: CULVER CITY, CA

Title: D ( ) Delete  
Name: FELDMAN, HENRICH,  
Address: 23 OVERLEA RD.  
City-St-Zip: LONDON, ENG.,E5 9BG,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: EMANUEL EDELSTEIN

PD

01/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date