


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90071 032 ***150.00

DOCUMENT # N02000008101

1. Entity Name
THE LILLIAN JEAN KAPLAN FOUNDATION, INC.



Principal Place of Business
**901 CYPRESS GROVE DRIVE SUITE 201
 POMPANO BEACH, FL 33069**

Mailing Address
**901 CYPRESS GROVE DRIVE SUITE 201
 POMPANO BEACH, FL 33069**



2. Principal Place of Business
802 NE 20th Ave

3. Mailing Address
802 NE 20th Ave

Suite, Apt. #, etc.
0

01102006 Chg-NP CR2E037 (11/05)

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33304

Country
USA

Zip
33304

Country
USA

4. FEI Number
30-0127083

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BORKSON, ELLIOT P ESQ
 1313 S. ANDREWS AVE.
 FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Guma Aguiar* **1/10/06**

Signature of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AGUIAR, GUMA	
STREET ADDRESS	802 N.E. 20TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENISON, ROBERT	
STREET ADDRESS	801 S.E. 9TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGER, SCOTT	
STREET ADDRESS	1 E. BROWARD BLVD. SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN Aguiar	
STREET ADDRESS	901 cypress Grove Dr.	
CITY-ST-ZIP	pompano beach fl 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Guma Aguiar* **1/10/06** **954 299 8232**

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