


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90057 005 \*\*\*\*61.25

DOCUMENT # N02000008101	
1. Entity Name THE LILLIAN JEAN KAPLAN FOUNDATION, INC.	

Principal Place of Business 3130 NE 55TH CT. FORT LAUDERDALE, FL 33308	Mailing Address 3130 NE 55TH CT. FORT LAUDERDALE, FL 33308
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01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0127083	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

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

Guma Aguiar  
 3130 NE 55TH CT.  
 Ft. LAUDERDALE FL 33308  
 (Pls see stmt of change of agent)

**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: Guma Aguiar (NOTE: Registered Agent Signature required when reinstating)

DATE: 1.4.2008

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGUIAR, GUMA
STREET ADDRESS	3130 NE 55TH CT.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	AGUIAR, ELLEN
STREET ADDRESS	901 CYPRESS GROVE DR.
CITY-ST-ZIP	POMPANO BEACH, FL 33304
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 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: [Signature] DATE: 1.4.2008

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