

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 18, 2010  
Secretary of State**

DOCUMENT# N02000008101

**Entity Name:** THE LILLIAN JEAN KAPLAN FOUNDATION, INC.**Current Principal Place of Business:**3130 NE 55TH CT.  
FORT LAUDERDALE, FL 33308**New Principal Place of Business:**1500 SE 10TH STREET  
FORT LAUDERDALE, FL 33316**Current Mailing Address:**3130 NE 55TH CT.  
FORT LAUDERDALE, FL 33308**New Mailing Address:**1500 SE 10TH STREET  
FORT LAUDERDALE, FL 33316

FEI Number: 30-0127083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**AGUIAR, GUMA  
3130 NE 55TH CT  
FORT LAUDERDALE, FL 33308 US**Name and Address of New Registered Agent:**AGUIAR, GUMA  
1500 SE 10TH STREET  
FORT LAUDERDALE, FL 33316 US

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: GUMA AGUIAR

08/18/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**Title: D  
Name: AGUIAR, GUMA L  
Address: 1500 SE 10TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316Title: D  
Name: AGUIAR, ELLEN R  
Address: 901 CYPRESS GROVE DR.  
City-St-Zip: POMPANO BEACH, FL 33069Title: D  
Name: JUSTIN, DREW C  
Address: 901 CYPRESS GROVE DR.  
City-St-Zip: POMPANO BEACH, FL 33069Title: D  
Name: AGUIAR, LUIS R  
Address: 3551 ESTEPONA AV  
City-St-Zip: DORAL, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: LUIS AGUIAR

D

08/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date