

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 05, 2009  
Secretary of State**

DOCUMENT# N03000001491

**Entity Name:** THE AMERICAN LEBANESE FOUNDATION, INC.

**Current Principal Place of Business:**

1915 BRICKELL AVENUE #C701  
MIAMI, FL 33129

**New Principal Place of Business:**

1915 BRICKELL AVENUE  
# C 701  
MIAMI, FL 33129

**Current Mailing Address:**

PO BOX 450873  
MIAMI, FL 33245

**New Mailing Address:**

FEI Number: 20-0760960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS,, FL 33410 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: D ( ) Delete  
Name: CHAHINE, ROBERT DR.  
Address: 1915 BRICKELL AVENUE #C701  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: MAHFOUD, TONY  
Address: PO BOX 450873  
City-St-Zip: MIAMI, FL 33245

Title: D ( ) Delete  
Name: KILISSANLY, PETER  
Address: PO BOX 450873  
City-St-Zip: MIAMI, FL 33245

**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:

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: ROBERT CHAHINE

DR

02/05/2009

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

\_\_\_\_\_  
Date