

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011812

FILED  
Feb 19, 2010  
Secretary of State

Entity Name: LI'L ABNER FOUNDATION, INC.

**Current Principal Place of Business:**

11239 N.W. 4TH TERRACE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

11239 N.W. 4TH TERRACE  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MANUEL DINER, P.A.  
7735 NW 146 STREET  
SUITE 300  
MIAMI LAKES, FL 33016 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  
Name: RODRIGUEZ, RAUL  
Address: 11239 NW 4TH TERRACE  
City-St-Zip: MIAMI, FL 33172 US

Title: D  
Name: CASANOVA, MARTA  
Address: 8932 SW 80TH TERRACE  
City-St-Zip: MIAMI, FL 33173 US

Title: D  
Name: ROK, SERGIO  
Address: 48 EAST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33131 US

Title: D  
Name: EGOZI, MOISES  
Address: 2 GROVE ISLE, APT. 209  
City-St-Zip: MIAMI, FL 33133 US

Title: D  
Name: CAMJI, VICTOR  
Address: 625 BILTMORE WAY, APT. 1202  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D  
Name: CAMPILLO, ANDRES  
Address: P.O. BOX 650186  
City-St-Zip: MIAMI, FL 33265 US

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: RODRIGUEZ RAUL

D

02/19/2010

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

\_\_\_\_\_  
Date