

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730796

FILED
May 31, 2005
Secretary of State

Entity Name: LIRIO DE LOS VALLES, INC.

Current Principal Place of Business:

4080 N.W. 165TH STREET
OPA LACKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P O BOX 171838
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 65-0072173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRUJILLO, ANA
4080 N W 165TH STREET
OPA LOCKA, FL 33054 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RODRIGUEZ, MARTHA
Address: 19840 N.W. 43RD COURT
City-St-Zip: MIAMI, FL 33055

Title: S () Delete
Name: TRUJILLO, ANA
Address: 4310 NW 185TH ST
City-St-Zip: CAROL CITY, FL 33015

Title: T () Delete
Name: TRUJILLO, ELIZABETH
Address: 17513 NW 61ST CRT
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: DUVAL, HARVIE
Address: 1680 NE 131ST STREET
City-St-Zip: N MIAMI, FL 33181

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA RODRIGUEZ

DP

05/31/2005

Electronic Signature of Signing Officer or Director

Date