

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K74660

1. Entity Name
LAUREN JILLIAN, INC.



Principal Place of Business
261 W. 22ND ST.
HIALEAH, FL 33010-1521

Mailing Address
261 W. 22ND ST.
HIALEAH, FL 33010-1521

FILED

06 FEB 27 PM 3: 32

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



02052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2991248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZIMMERMAN, SARAH
261 WEST 22ND STREET
HIALEAH, FL 33010

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZIMMERMAN, SARAH
STREET ADDRESS 261 W. 22ND STREET
CITY-ST-ZIP HIALEAH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800067974608
03/16/06--01020--009 **150.00

**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 607, 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: *S Z*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARAH ZIMMERMAN

2/08/06

Date

305-882-1355

Daytime Phone #