


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-20-2004 90015 045 ***150.00

DOCUMENT # P03000103831			
1. Entity Name: LILLO VENTURES, INC.			
Principal Place of Business 7211 SW 62ND AVE SUITE 114 SOUTH MIAMI, FL 33143		Mailing Address 7211 SW 62ND AVE SUITE 114 SOUTH MIAMI, FL 33143	
2. Principal Place of Business 8701 S.W. 128 ST.		3. Mailing Address 8701 SW 128 ST	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State MIAMI FL 33		City & State MIAMI FL	
Zip 33176		Zip 33176	
County MIAMI DADE		County MIAMI-DADE	
6. Name and Address of Current Registered Agent FINKEL, SETH L'ESQ. J. MAURICE FINKEL, P.A. 28 W FLAGLER ST SUITE 330 MIAMI, FL 33130		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
8. The above named entity attests 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.		5. Certificate or Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____		DATE _____	
B. Election Campaign Financing Election Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '03	
TITLE PT NAME MAS/UD, LYDIA STREET ADDRESS 7211 SW 62ND AVE SUITE 114 CITY-STATE-ZIP SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE S NAME FEIN, LORI STREET ADDRESS 7211 SW 62ND AVE SUITE 114 CITY-STATE-ZIP SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 resident or insured employee to whom this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or as an attachment with an addressee with all other like empowered.			
SIGNATURE: <i>Lydia Masud President</i>		DATE: <i>2/17/04</i>	

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