

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067867

FILED  
Jul 14, 2009  
Secretary of State

Entity Name: LILIE LOVE ENTERTAINMENT, INC.

**Current Principal Place of Business:**

4919 SW 164 AVE  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

4919 SW 164 AVE  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 20-5182661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLEMENTE, LILLIAN  
20401 NW 2ND AVE STE 103  
MIAMI, FL 33169 US

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

TAX RESOURCE CENTER OF FLORIDA  
20401 NW 2ND AVE STE 103  
MIAMI, FL 33169 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: FRITZ MCKENZIE

07/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLEMENTE, LILLIAN  
Address: 4919 SW 164 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: VP ( ) Delete  
Name: CLEMENTE, GEANNE  
Address: 4919 SW 164 AVE  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CLEMENTE, GEANNE  
Address: 4919 SW 164 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: VP (X) Change ( ) Addition  
Name: LOPEZ, CHAYANNE  
Address: 4919 SW 164 AVE  
City-St-Zip: MIRAMAR, FL 33027

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEANNE CLEMENTE

P

07/14/2009

Electronic Signature of Signing Officer or Director

Date