


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90132 020 ***150.00

DOCUMENT # P04000076118

1. Entity Name
LILUR INVESTMENTS INC.



Principal Place of Business Mailing Address

**1506 NW 70TH ST
 MIAMI, FL 33147** **1506 NW 70TH ST
 MIAMI, FL 33147**

50064881



2. Principal Place of Business 3. Mailing Address

1601 N.W. 77th Ave *1601 N.W. 77th Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.

08312005 Chg-P CR2E034 (10/03)

City & State City & State

Miami FLA *Miami FLA*

Zip Zip

33147 *33147*

Country Country

US *USA*

4. FEI Number Applied For

33-1111979 Not Applicable

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

6. Name and Address of Current Registered Agent

**SYKES, BARBARA A
 1506 NW 70TH ST
 MIAMI, FL 33147**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	SYKES, BARBARA A	
STREET ADDRESS	1506 NW 70TH ST	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	BATES, LILAR	
STREET ADDRESS	56 PHILLIPS LN	
CITY-ST-ZIP	RIVERHEAD, NY 11901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, BARBARA A	
STREET ADDRESS	1601 NW 77th Ave	
CITY-ST-ZIP	Miami FLA 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Barbara A. Sykes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/05 *305693-2453*

Date Daytime Phone #