

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100093

Entity Name: ILLUSIONS PARTY INC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

9001SW 77 AVENUE
C 704
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9001 SW 77 AVENUE
C 704
MIAMI, FL 33156

New Mailing Address:

FEI Number: 26-0871818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, ANDREA
9001 SW 77 AVENUE
C 704
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROJAS, ANDREA
Address: 9001 SW 77 AVENUE 704
City-St-Zip: MIAMI, FL 33156 US

Title: VP () Delete
Name: BRENNAN, YOHANA
Address: 17177 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: SECR () Delete
Name: ROJAS, ROSA E
Address: 9001 SW 77 AVENUE # C 704
City-St-Zip: MIAMI, FL 33156 US

Title: TRES () Delete
Name: ROJAS, HUMBERTO A
Address: 9001 SW 77 AVENUE # C 704
City-St-Zip: MIAMI, FL 33156 US

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 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: ANDREA ROJAS

P

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date