


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90071 012 ***150.00

DOCUMENT # P99000047477

1. Entity Name
LILTAC, INC.



Principal Place of Business
**C/O 767 S STATE ROAD 7, SUITE 7
 MARGATE, FL 33068**

Mailing Address
**C/O 767 S STATE ROAD 7, SUITE 7
 MARGATE, FL 33068**

2. Principal Place of Business - No P.O. Box #
C/O 767 S. STATE ROAD 7

3. Mailing Address
C/O 767 S. STATE ROAD 7

Suite, Apt. #, etc.
SUITE 7L

Suite, Apt. #, etc.
SUITE 7L

City & State
MARGATE, FL

City & State
MARGATE, FL

Zip
33068

Country

Zip
33068

Country



01082008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0925369

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CUCUZZA, LILLIAN
 767 S. STATE ROAD 7, SUITE 7
 MARGATE, FL 33068**

7. Name and Address of New Registered Agent

Name **CUCUZZA, Lillian**

Street Address (P.O. Box Number is Not Acceptable)
767 S. STATE ROAD 7

SUITE 7L

City **MARGATE** FL Zip Code **33068**

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME CUCUZZA, LILLIAN	
STREET ADDRESS 767 S STATE ROAD 7, SUITE 7	
CITY - ST - ZIP MARGATE, FL 33068	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 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: Lillian Cucuzza, Lillian Cucuzza 1-8-08 954-979-8803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #