

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 516046

FILED
Feb 26, 2004
Secretary of State

Entity Name: LEONORA FASHIONS, INC.

Current Principal Place of Business:

1095/1055 EAST 15TH ST.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1095/1055 EAST 15TH ST.
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 59-1695009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIORILLI, MICHAEL SR
1095/1055 EAST 15TH STREET
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

FIORILLI, MICHAEL SR
1095/1055 EAST 15TH STREET
HIALEAH, FL 33010 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: MICHAEL FIORILLI SR.

02/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FIORILLI, MICHAEL SR.
Address: 1095/1055 EAST 15TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: SAMSON, DONNA,
Address: 1095/1055 EAST 15TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: PD () Delete
Name: FIORILLI, ALFONSO,
Address: 1095/1055 EAST 15TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: MARIA FIORILLI,
Address: 1095/1055 EAST 15TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: FIORILLI, PHYLLIS
Address: 1095/1055 EAST 15TH STREET
City-St-Zip: HIALEAH, FL 33010

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL FIORILLI SR.

VP

02/26/2004

Electronic Signature of Signing Officer or Director

Date