2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 516046

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:

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/D ( ) 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: D ( ) 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

Title: VP/D ( ) Delete
Name: RENEE FIORILLI,
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:

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: MICHAEL FIORILLI SR. P 01/19/2009

Electronic Signature of Signing Officer or Director — Date