


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90018 020 \*\*\*150.00


**DOCUMENT # 611295**  
 1. Entity Name  
**TILLY'S YELLOW STRAWBERRY, INC.**



Principal Place of Business      Mailing Address  
**3718 N ROOSEVELT BLVD**      **3718 N ROOSEVELT BLVD**  
**KEY WEST, FL 33040 US**      **KEY WEST, FL 33040 US**

2. Principal Place of Business      3. Mailing Address  
**1906 Flagler Ave**      **1906 Flagler Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Key West, FL**      **Key West, FL**  
 Zip      Country      Zip      Country  
**33040**      **US**      **33040**      **US**



01172006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1905922**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**LARIZ, MATILDA A.**  
**3718 N ROOSEVELT BLVD**  
**KEY WEST, FL 33040**

**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 reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LARIZ, MATILDA A.	
STREET ADDRESS	3354 FLAGLER AVE	
CITY-ST-ZIP	KEY WEST, FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LARIZ, DAVID V.	
STREET ADDRESS	3354 FLAGLER AVE.	
CITY-ST-ZIP	KEY WEST, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARIZ, DAVID V.	
STREET ADDRESS	3354 FLAGLER AVE.	
CITY-ST-ZIP	KEY WEST, FL	
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: *David V. Lariz*      **DAVID V. LARIZ, VICE-PRES.**      **1-31-06**      **305-294-7151**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #