## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 611295**

FILED Apr 16, 2009 Secretary of State

Entity Name: TILLY'S YELLOW STRAWBERRY, INC.

Jurrent P	rincipal Place	e of Business:	New Principal Place	OT BUSINESS:
	GLER AVE T, FL 33040	US		
Current Mailing Address:		New Mailing Address:		
	GLER AVE T, FL 33040	US		
El Number	: 59-1905922	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
	ATILDA A. DOSEVELT BL T, FL 33040	VD US		
	,			
		submits this statement for the բ	ourpose of changing its registere	ed office or registered agent, or both,
	named entity of Florida.	submits this statement for the բ	ourpose of changing its registere	d office or registered agent, or both,
n the State	named entity e of Florida. RE:	submits this statement for the particles of Registered Ago		ed office or registered agent, or both,  Date
n the State	named entity e of Florida. RE: Electror			
n the State	named entity e of Florida. RE: Electror	nic Signature of Registered Ago	ent	
n the State BIGNATUI Election Car DFFICER: Title: Jame: Address:	named entity e of Florida.  RE: Electron mpaign Financin S AND DIREC	nic Signature of Registered Ago g Trust Fund Contribution ( ). CTORS: ) Delete DA A. R AVE	ent	Date
n the State	e named entity e of Florida.  RE: Electron mpaign Financin S AND DIREC  PD ( LARIZ, MATILE 3354 FLAGLER KEY WEST, FL	nic Signature of Registered Age g Trust Fund Contribution ( ). ETORS: ) Delete DA A. R AVE - () Delete V. R AVE.	ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: MATILDA LARIZ PD 04/16/2009