

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90093 013 \*\*\*150.00

**DOCUMENT # K93683**

1. Entity Name  
LILLIAN FERNANDEZ INTERIORS, INC.



Principal Place of Business

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401

Mailing Address

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0131239

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FERNANDEZ, LUIS J  
ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
FERNANDEZ, LILLIAN  
ONE NORTH CLEMATIS ST., STE 200  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
FANJUL, MARIA C  
ONE NORTH CLEMATIS ST., STE 200  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
FERNANDEZ, LUIS J  
ONE NORTH CLEMATIS ST., STE 200  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Luis J. Fernandez**

Date

**4/7/2006**

Daytime Phone #

**561-655-6303**