

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

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

05/07/08-80004-002 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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

By: **Luis J. Fernandez, Director**

Date

4/10/08

(561) 366-5100

Daytime Phone #