2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2005 8:00 am Secretary of State

ANNUAL REPORT								Secretary or State				
DOCUI 1. Entity Nam LILTOM,	ne	# L42593						02-03-2005	90027	028 ***15	50.00	
Principal Plac	e of Business	5	Maili	ing Address		·						
3692 N.E. 195TH LANE				1500 SAN REMO AVENUE				40011368				
NORTH MIAMI BEACH, FL 33180				SUITE 125				40011000				
			CO	RAL GABLES, FL 33	146		i kiranini ki	1 F F 1 1 1 1 	B1811 11111 B1			
2. Principal Place of Business				3. Mailing Address								
0 : 4 :				Suite Apt # ate								
Suite, Apt.	#, etc.		50	Suite, Apt. #, etc.				Chg-P	CR2E	034 (10/03)		
City & State			Cit	City & State			4. FEI Numbe		-	Ap	plied For	
7:				Zip Country			65-113	2918			t Applicable	
ZIP	Zip Country		21	Zip Cou		ntry	5. Certificate of Status Desired		S8.75 Additional Fee Required			
	6. Name	and Address of Curr	ent Registe	Registered Agent			7. Name and Address of New Registered Agent					
ATDUM		FD ACENTO INC				Name -	_		S			
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 125						<u> </u>						
CORAL GABLES, FL 33146												
						City			FL	Zip Code	€	
		y submits this statemer	nt for the pui	rpose of changing its	register	ed office or regist	tered agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept	
the obligat	tions of regist	erea agent.										
SIGNATURE.	Signatura tunad	or printed name of registered a	reant and title if a	nolicable (NOT	E: Bacistar	ed Agent signature requi	rad utan mineterna)		DATE			
	Signature, typeo	C prince have or registered a	igent and size it a	ppicasie. (NOT	E. Hogistere	o vđeni situarore redor	ed won renstating	. <u> </u>	UATE	.		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$55	50.00	9. Election Campa Trust Fund Conf			5.00 May Be dded to Fees	t.	·			
10.	•	OFFICERS A	ND DIRECT	ORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTORS	3 IN 11	
TITLE	PD Dele				TITL	E				☐ Change	☐ Addition	
NAME CARGET ADDRESS	1	KY, TOMAS			. NAM	-	÷	produce.		•		
STREET ADDRESS CITY-ST-ZIP	SS 3692 N.E. 195TH LANE NORTH MIAMI BEACH, FL 331				ET ADDRESS -ST-ZIP							
TITLE				☐ Delete	TITL					☐ Change	Addition	
NAME				NA NA		IE		-				
STREET ADDRESS						EET ADORESS						
CITY-SI-ZIP	.				-	-ST-ZIP				П оъ	☐ Addition	
TITLE NAME	1			☐ Delete	TITL	II				☐ Change	АООЩОП	
STREET ADDRESS					STR	EET ADORESS						
CITY-S1-ZIP		***			CITY	-ST-ZIP -				·		
TITLE				☐ Delete	TITL	1				Change	Addition	
NAME STREET ADDRESS				•	NAM STRI	EET ADDRESS						
CITY+ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITL	É				Change	Addition	
NAME STREET ADDRESS	1				NAM	-						
CITY-ST-ZIP						EET ADDRESS '-ST-ZIP						
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NAME					NAM	1E	_				_	
STREET ADDRESS			-	. ,		EET ADDRESS	* ئىد	•	: 1			
CITY-ST-ZIP		- 1-1		<u> </u>		'-ST-ZIP	0	. 5-2-2) /			
indicated of the cor	l on this repo rporation or tl	e information supplied it or supplemental repo he receiver or trustee e achment with an addre	ort is true an empowered t iss with all o	d accurate and that i to execute this report other like empowered	my signa : as requ	ture shall have th	ie same legal effec	t as if made under d	oath; that !	am an officer	or director	
SIGNAT	IIRE:		lu	llas			-					
SIGNAL	יייייייייייייייייייייייייייייייייייייי	SIGNATURE AND TYPED	OR PRINTED N	AME OF SIGNING OFFICER	OR DIREC	TOR		Date		Daytime Phone #		