

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L62658

**FILED  
Jan 21, 2006  
Secretary of State**

**Entity Name:** LIANE ENTERPRISES CO.

**Current Principal Place of Business:**

OLGA CORZO  
16213 LAUREL DR  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

OLGA CORZO  
16213 LAUREL DR  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0338950      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLGA CORZO  
16213 LAUREL DR  
WESTON, FL 33324      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CORZO, OLGA,  
Address: 16213 LAUREL DR  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: KIRKMAN, SHIRLEY  
Address: 3600 NW 37 COURT  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: OLGA CORZO

P

01/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date