

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000002237

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** LEONORA FASHIONS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1095-1055 E 15TH ST  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

1095-1055 E 15TH ST  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 65-1071296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIORILLI, MICHAEL SR  
1095/1055 EAST 15TH STREET  
HIALEAH, FL 33010 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FIORILLI, MICHAEL SR  
Address: 1095/1055 EAST 15TH STREET  
City-St-Zip: HIALEAH, FL 33010

Title: VP ( ) Delete  
Name: FIORILLI, RENEE  
Address: 1095/1055 EAST 15TH STREET  
City-St-Zip: HIALEAH, FL 33010

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: T ( ) Change (X) Addition  
Name: FIORILLI, MICHAEL JR.  
Address: 1095/1055 EAST 15TH STREET  
City-St-Zip: HIALEAH, FL 33010

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: MICHAEL FIORILLI SR.

P

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date