

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90008 030 ***150.00

DOCUMENT # P01000002582	
1. Entity Name	
LIZILY FABRICS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10729 W FLAGLER		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33174	Country	Zip	Country

54063321

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068167		Applied For	
		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name ALONSO, JESUS	
	Street Address (P.O. Box Number is Not Acceptable) 10729 W FLAGLER	
	City MIAMI	Zip Code 33174

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  **JESUS ALONSO** **7/12/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State


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

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONSO, JESUS 10729 W FLAGLER MIAMI, FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, ANTOLINA G 10729 W FLAGLER MIAMI, FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JESUS ALONSO, PRESIDENT** **7/12/2004** **(305) 553-0214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54063321

July 12, 2004

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Subject: LIZILI FABRIC INC

Ref: P01000002582

Enclosed please find the 2004 Annual Report, along with the payment of \$150.00

We wish to request a waiver of the late fee, because we did not receive the postcard from you, and have been recently advised that the payment was past due since May 1, 2004.

We thank you for your understanding.

Sincerely,



Jesus Alonso
President