

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90156 034 ***150.00

DOCUMENT # P01000002582	
1. Entity Name	
LIZILY FABRICS INC	

DO NOT WRITE IN THIS SPACE

50009291

2. Principal Place of Business 10729 W FLAGLER ST Suite, Apt. #, etc.		3. Mailing Address 10729 W FLAGLER ST Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33174-1421	Country	Zip 33174-1421	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068167		Applied For <input checked="" 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
JESUS ALONSO
Street Address (P.O. Box Number is Not Acceptable)
6560 SW 160 CT

City MIAMI **FL** **Zip Code** 33193

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  **ALONSO, JESUS, PRESIDENT** **1/30/2006**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONSO, JESUS 6560 SW 160 CT MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, ANTONINA G 6560 SW 160 CT MIAMI, FL 33193
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/06 (305) 573-0214