

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

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90046 039 ***150.00

DOCUMENT #	P01000002582
1. Entity Name	
LIZILY FABRICS INC	

DO NOT WRITE IN THIS SPACE

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

40103171

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-1068167		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
State	FL
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** **2/8/2007**
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	P
NAME	ALONSO, JESUS
STREET ADDRESS	10729 W FLAGLER
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VP
NAME	ALONSO, ANTOLOINA G
STREET ADDRESS	10729 W FLAGLER
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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** **2/8/2007** **(305) 553-0214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #