

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

FILED ATX1
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P01000002582	
1. Entity Name	
LIZILY FABRIC INC	

DO NOT WRITE IN THIS SPACE

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

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	

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7. Name and Address of Current Registered Agent	
Name ALONSO, JESUS	
Street Address (P.O. Box Number is Not Acceptable) 6560 SW 160 CT	
City MIAMI	Zip Code 33174-1421

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** **1/7/2008**
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

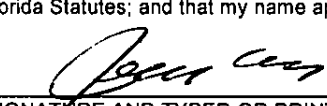
Make Check Payable to: Florida Department of State

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

10. OFFICERS AND DIRECTORS				11.			
TITLE	P	NAME	ALONSO, JESUS	TITLE		NAME	
STREET ADDRESS		6560 SW 160 CT		STREET ADDRESS			
CITY-ST-ZIP		MIAMI, FL 33193		CITY-ST-ZIP			
TITLE	V	NAME	ALONSO, ANTOLINA G	TITLE		NAME	
STREET ADDRESS		6560 SW 160 CT		STREET ADDRESS			
CITY-ST-ZIP		MIAMI, FL 33193		CITY-ST-ZIP			
TITLE		NAME		TITLE		NAME	
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CITY-ST-ZIP				CITY-ST-ZIP			

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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** **1/7/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #