

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106003

FILED
Jan 25, 2006
Secretary of State

Entity Name: ILIANA B. CO.

Current Principal Place of Business:

2256 N.W. 20TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2256 N.W. 20TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-1151488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORGES-ACOSTA, ILIANA
2256 N.W. 20TH STREET
MIAMI, FL 33142 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ACOSTA, REINALDO
Address: 8085 S.W. 205TH TERRACE
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: BORGES-ACOSTA, ILIANA
Address: 8085 S.W. 205TH TERRACE
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ACOSTA, REINALDO
Address: 7300 SW 22 CT
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change () Addition
Name: BORGES-ACOSTA, ILIANA
Address: 7300 SW 82 CT
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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: ILIANA BORGES-ACOSTA

D

01/25/2006

Electronic Signature of Signing Officer or Director

Date