2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P01000107535 1. Entity Name LILY'S STORE, CORP. Principal Place of Business Mailing Address 2322 N.E. 2 AVE MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied Fire 65-1150716 Not Applied Zip Country Country Zιο \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIALLOS, JUAN M Street Address (P.O. Box Number is Not Acceptable) 2322 NE 2 AVE **MIAMI FL 33137** City Zio Code 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 accethe obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and little if applicable (NOTE Registared Agent segreture recovered when revisitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May € After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Delete TRALE DILE Change Addition FIALLOS, JUAN M MAME NAME U00000500708 STREET ACCRESS 2322 NE 2 AVE STREET ADDRESS 04/25/06-30033-001 158.75 C15Y-S7-21P MIAMI FL 33137 CITY-SI-ZP TITLE ☐ Delete 7171 F ☐ Change ______ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY - ST - 7IP THLE Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CHY-ST-Z@ Defete 7)7).E SIBE ☐ Change Addilio MAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZPP CITY-ST-ZIP TIDE Defete Change DILE Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP HILE Delete THEF Change Midition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Section 118, Florida Statutes, I further certify that the information indicated on this report or supplied and it 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 business empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND THE OR SHINED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-06

FILED