2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000051693

1. Entity Name

LIZ ADVERTISING INC

Principal Place of Business	Mailing Address
3403 NW 82 AVE 101 MIAMI FL 33122	3403 NW 82 AVE 101 MIAMI FL 33122

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #. etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

MOORE   CR2E034 (11/03)

4. FEI Number 01-0685120 | Applied For / Not Applicable

5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required
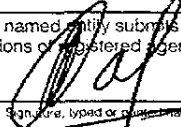
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALAYON, LISSETTE 3403 NW 82 AVE 101 MIAMI FL 33122	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ALAYON, LISSETTE		NAME	U00000027353		
STREET ADDRESS	3403 NW 82 AVE		STREET ADDRESS	02/03/04-80043-009 150.00		
CITY-ST-ZIP	MIAMI FL 33122		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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 Block 11 if changed, 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 #