


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90016 004 \*\*\*150.00

**DOCUMENT # P02000066082**

1. Entity Name  
**LILY TRANSPORT CORP.**



Principal Place of Business      Mailing Address

**1080 SW 129 AVE**      **1080 SW 129 AVE**  
**MIAMI, FL 33184**      **MIAMI, FL 33184**

**54032697**

2. Principal Place of Business      3. Mailing Address

**10501 SW 108 AVE**      **10501 SW 108 AVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**208**      **208**

City & State      City & State

**MIAMI, FLORIDA**      **MIAMI, FLORIDA**

Zip      Country      Zip      Country

**33176**      **FL**      **33176**      **FL**



04082004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**33-1009083**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

---

6. Name and Address of Current Registered Agent

**ROMAN, LISSETTE S**  
**1080 SW 129 AVE**  
**MIAMI, FL 33184**

7. Name and Address of New Registered Agent

Name

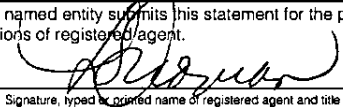
Street Address (P.O. Box Number is Not Acceptable)

**10501 SW 108 AVE # 208**

City      State      Zip Code

**MIAMI**      **FL**      **33176**

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:       DATE: **4/8/04**      (786) 3850326

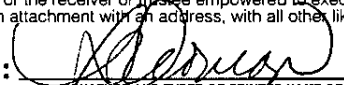
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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                      | DP <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROMAN, LISSETTE S</b>           | NAME  |  |
| STREET ADDRESS             | <b>1080 SW 129 AVE</b>             | STREET ADDRESS  | <b>10501 SW 108 AVE # 208</b>  |
| CITY-ST-ZIP                | <b>MIAMI, FL 33184</b>             | CITY-ST-ZIP   | <b>MIAMI, FLORIDA 33176</b>  |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | NAME  |  |
| STREET ADDRESS             |                                    | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | NAME  |  |
| STREET ADDRESS             |                                    | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | NAME  |  |
| STREET ADDRESS             |                                    | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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:       Date: **4/8/04**      (786) 3850326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #