

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

DOCUMENT # P02000084723

1. Entity Name
LIL' A, INC.



Principal Place of Business
221 NW 1ST AVE.
MIAMI, FL 33128

Mailing Address
221 NW 1ST AVE.
MIAMI, FL 33128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072005

Chg-P

CR2E034 (10/03)

4. FEI Number

16-1623752

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

COLARUSSO, ANTHONY
221 NW 1ST AVE
MIAMI, FL 33128

Name
Raffaele Scatamacchia

Street Address (P.O. Box Number is Not Acceptable)
221 NW 1st Avenue

City
Miami

FL

Zip Code
33128

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]

Raffaele Scatamacchia

7/8/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME COLARUSSO, ANTHONY
STREET ADDRESS 221 NW 1ST AVE
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D ☐ Change ☒ Addition
NAME Raffaele Scatamacchia
STREET ADDRESS 221 NW 1st Avenue
CITY-ST-ZIP Miami, FL 33128

TITLE S, T, D ☐ Change ☒ Addition
NAME Elsa V. Scatamacchia
STREET ADDRESS 221 NW 1st Avenue
CITY-ST-ZIP Miami, FL 33128

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

07/08/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Raffaele Scatamacchia

Date

Daytime Phone #

05 JUL 18 AM 11:17

STATE OF FLORIDA



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07/26/05--01072--002 **\$61.25