

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116194

Entity Name: IT'S TIME FOR PARTY, INC

FILED  
Aug 14, 2009  
Secretary of State

## Current Principal Place of Business:

4609 NW 199 ST  
MIAMI GARDENS, FL 33055

## New Principal Place of Business:

## Current Mailing Address:

4609 NW 199 ST  
MIAMI GARDENS, FL 33055

## New Mailing Address:

FEI Number: 83-0339932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

D'LEON, SUSIE  
11201 SW 55TH ST. #148  
HOLLYWOOD, FL 33025 US

## Name and Address of New Registered Agent:

LORENZO, MAYRA  
4609 NW 199 STREET  
MIAMI GARDENS, FL 33055 US

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: MAYRA LORENZO

08/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LORENZO, MAYRA  
Address: 4464 NW 203 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: V ( ) Delete  
Name: LORENZO, LAZARO T  
Address: 240 SUMMER PLACE LOOP  
City-St-Zip: CLERMONT, FL 34717

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LORENZO, LAZARO T  
Address: 4464 NW 203 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby certify that the information supplied with this filing does not qualify 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: MAYRA LORENZO

P

08/14/2009

Electronic Signature of Signing Officer or Director

Date