

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135051

**FILED**  
**Apr 06, 2004**  
**Secretary of State**

**Entity Name:** LILO'S DELICATESSEN, INC.

**Current Principal Place of Business:**

104 WEST MOWRY DR.  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

104 WEST MOWRY DR.  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 04-3729771      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VILLA, LUIS  
104 WEST MOWRY DR.  
HOMESTEAD, FL 33030      US

**Name and Address of New Registered Agent:**

VALDES, ROSA EYBIS  
13410 SW 81 STREET  
MIAMI, FL 33183      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: LUIS VILLA

04/06/2004

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: VILLA, LUIS  
Address: 104 WEST MOWRY DR.  
City-St-Zip: HOMESTEAD, FL 33030

Title: ST      ( ) Delete  
Name: CARDENAS, JESUS  
Address: 104 WEST MOWRY DR.  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: VALDES, ROSA EYBI  
Address: 13410 SW 81 STREET  
City-St-Zip: MIAMI, FL 33183

Title: V/P      (X) Change ( ) Addition  
Name: MENDIETTA, EDDWINS E  
Address: 17720 SW 144 AVE  
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS VILLA

P

04/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date