

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135051

Entity Name: LILO'S DELICATESSEN, INC.

FILED
Jul 20, 2004
Secretary of State

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:

13410 SW 81 STREET
MIAMI, FL 33183

FEI Number: 04-3729771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, ROSA EYBIS
13410 SW 81 STREET
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VALDES, ROSA EYBI
Address: 104 WEST MOWREY DRIVE
City-St-Zip: HOMESTEAD, FL 33030

Title: VP () Change (X) Addition
Name: MENDIETA, EDDWINS
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: ROSA EYBI VALDES

PD

07/20/2004

Electronic Signature of Signing Officer or Director

_____ Date