


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000135051 1. Entity Name LILO'S DELICATESSEN, INC.	
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Principal Place of Business 104 WEST MOWRY DR. HOMESTEAD, FL 33030	Mailing Address 13410 SW 81 STREET MIAMI, FL 33183
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07082005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3729771	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALDES, ROSA EYBI 104 WEST MOWREY DRIVE HOMESTEAD, FL 33030
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENDIETA, EDDWINS 17720 SW 144 AVE MIAMI, FL 33177
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/11/05-80011-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa Eybis Valdes
07/08/05 Presidente
Date Daytime Phone #