


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030107 1. Entity Name LILIPA, INC.	
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Principal Place of Business 10 VENETIAN WAY 1102 MIAMI BEACH, FL 33139	Mailing Address 10 VENETIAN WAY 1102 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE

FILED
2005 SEP 16 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08082005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2331565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.
536 BILTMORE WAY
CORAL, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PAEZ, LILIANA 10 VENETIAN WAY, #1102 MIAMI BEACH, FL 33139
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100059788031
09/20/05--01054--018 **150.00

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: Liliana Paez President 9/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/1/05