

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000030107

1. Entity Name
LILIPA, INC.



06 OCT -5 PM 1:59

Principal Place of Business

10 VENETIAN WAY
1102
MIAMI BEACH, FL 33139

Mailing Address

10 VENETIAN WAY
1102
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE



4. FEI Number
56-2331565

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

Liliana Paez

DATE

9/13/06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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
DPST
PAEZ, LILIANA
10 VENETIAN WAY, #1102
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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STREET ADDRESS
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600080500696
10/05/06--01045--003 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

G. Mitchell OCT 6 2006