

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Apr 27, 2005 8:00 am
Secretary of State**

04-08-2005 90029 003 ***150.00

DOCUMENT # P04000086232

1. Entity Name
LIZA'S ORIENTAL STORE, INC.



Principal Place of Business
**923 SW MAIN BLVD
LAKE CITY FL 32025**

Mailing Address
**923 SW MAIN BLVD
LAKE CITY FL 32025**

2. Principal Place of Business
923 SW Main Blvd
Suite, Apt. #, etc.

3. Mailing Address
Liza's Oriental Store
Suite, Apt. #, etc.
923 SW Main Blvd
City & State
Lake City FL
Zip
32025 Country
USA

1st MOORE CR2E034 (10/04)

4. FEI Number
27-0050975

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HILL, LILIOSA B
923 SW MAIN-BLVD
LAKE CITY FL 32025**

7. Name and Address of New Registered Agent
Name
LILIOSA B. HILL
Street Address (P.O. Box Number is Not Acceptable)
13711 144th Street
Live Oak FL
City
Live Oak FL Zip Code
32060

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 **Liliosa B. Hill** DATE **3/31/05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Partner CHARLES HILL 13711 144th St Live Oak FL. 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Charles Hill	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Liliosa B. Hill** DATE **3/31/05** (386) 355-8656