2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2007 08:00 AM
Secretary of State

P07000043643
4/23/07

8960-80 Control # 16258
due 4/10/07

DOCUMENT # P04000114643

1. Entity Name
LIOLLIO ASSOCIATES INC.

Principal Place of Business	Mailing Address
147 WAPPOO CREEK DRIVE SUITE 400 CHARLESTON, SC 29412	147 WAPPOO CREEK DRIVE SUITE 400 CHARLESTON, SC 29412

DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
57-0562105

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PINES, RICARDO E
3301 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	LIOLLIO, DINOS
STREET ADDRESS	147 WAPPOO CREEK DRIVE, SUITE 400
CITY-ST-ZIP	CHARLESTON, SC 29412
TITLE	VP
NAME	LIOLLIO, CHERIE A
STREET ADDRESS	147 WAPPOO CREEK DRIVE, SUITE 400
CITY-ST-ZIP	CHARLESTON, SC 29412
TITLE	VP
NAME	SCHIMPF, THOMAS L
STREET ADDRESS	147 WAPPOO CREEK DRIVE, SUITE 400
CITY-ST-ZIP	CHARLESTON, SC 29412
TITLE	PRIN
NAME	BOUSQUET, RICK
STREET ADDRESS	147 WAPPOO CREEK DRIVE STE 400
CITY-ST-ZIP	CHARLESTON, SC 29412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-30-07 843-762-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #