

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114643

Entity Name: LIOLLIO ASSOCIATES INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

147 WAPPOO CREEK DRIVE
SUITE 400
CHARLESTON, SC 29412

New Principal Place of Business:

Current Mailing Address:

147 WAPPOO CREEK DRIVE
SUITE 400
CHARLESTON, SC 29412

New Mailing Address:

FEI Number: 57-0562105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LIOLLIO, DINOS
Address: 147 WAPPOO CREEK DRIVE, SUITE 400
City-St-Zip: CHARLESTON, SC 29412

Title: VP () Delete
Name: LIOLLIO, CHERIE A
Address: 147 WAPPOO CREEK DRIVE, SUITE 400
City-St-Zip: CHARLESTON, SC 29412

Title: VP () Delete
Name: SCHIMPF, THOMAS L
Address: 147 WAPPOO CREEK DRIVE, SUITE 400
City-St-Zip: CHARLESTON, SC 29412

Title: PRIN () Delete
Name: BOUSQUET, RICK
Address: 147 WAPPOO CREEK DRIVE STE 400
City-St-Zip: CHARLESTON, SC 29412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DINOS LIOLLIO

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date