

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90191 008 ***150.00

DOCUMENT # P05000024600 1. Entity Name EA LINGERIE CORPORATION					
Principal Place of Business 1185 98TH STREET SUITE B HARBOR ISLAND, FL 33154-1767			Mailing Address 1185 98TH STREET SUITE B HARBOR ISLAND, FL 33154-1767		
2. Principal Place of Business 1185 98 street		3. Mailing Address same			
Suite, Apt. #, etc. 8		Suite, Apt. #, etc. 			
City & State BAY HARBOR ISLANDS, FL		City & State 		4. FEI Number 20-2379050	
Zip 33154		Country UNITED STATES		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEDOYA, LILIANA M 1185 98TH STREET SUITE B HARBOR ISLAND, FL 33154-1767			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Liliana M Bedoya</i></u> DATE 04-28-06 <small>Signature, typed or printed name of registered agent and firm, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD PALACIO, LUIS F 1185 98TH STREET SUITE 8 HARBOR ISLAND, FL 331541767		<div style="text-align: right;"><input type="checkbox"/> Delete</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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: <u><i>Liliana M Bedoya</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04-28-06 Daytime Phone # 3054509424 3058651137		