2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005037

Entity Name: LILIMARE CATERING SERVICES, CORP

4793 CASON COVE DR APT 810

ORLANDO, FL 32811 FL

Address: City-St-Zip: FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	DLONIAL DR			1516 E COLONIAL DR		
107 ORLANDO, FL 32803 US				UNIT 107 ORLANDO, FL 32803	US	
Current Mailing Address:				New Mailing Address:		
1516 E COLONIAL DR				1516 E COLONIAL DR		
107 ORLANDO, FL 32803 US				UNIT 107 ORLANDO, FL 32803	US	
FEI Number		FEI Number Applied For (X)	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LARSON, CAROLINE 5950 LAKEHURST DR STE 246 ORLANDO, FL 32819 US				LARSON, CAROLINE 8818 COMMODITY CR SUITE 40 ORLANDO, FL 32819 US		
	e named entity e of Florida.	submits this statement for the p	urpose o	of changing its registered	office or registered agent, or both,	
SIGNATURE: CAROLINE LARSON					04/27/2007	
	Electro	nic Signature of Registered Age	∍nt		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CANTINA LILÌN) Delete //ARE DE, SANTOS - 100% O F SHAR E PARANAPIACABA, 113 11050-015 BR	.E	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	CARDOSO, MI	COVE DR APT 810		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	ST (CARDOSO, AR) Delete RLETE		Title: () Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MILTON SILVA CARDOSO VP 04/27/2007