

2008

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2008 8:00 am
Secretary of State

06-26-2008 90002 006 ***150.00

DOCUMENT # P06000044517			
1. Entity Name. Illusion Shoes, Handbags & Accessories, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2291 N.W. 28th St. Suite, Apt. #, etc. Unit 18 City & State Miami, FL Zip 33142-5987		3. Mailing Address 2291 N.W. 28th St. Suite, Apt. #, etc. Unit 18 City & State Miami, FL Zip 33142-5987	
Country USA		Country USA	
40109206		DO NOT WRITE IN THIS SPACE	
4. FEI Number 20-4605347		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Heredia, Placida L. Street Address (P.O. Box Number is Not Acceptable) 14861 S.W. 44th Ct. City Miramar FL Zip Code 33027	
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: <i>Placida L. Heredia</i>		DATE: 4-28-08	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Heredia, Placida L. 14861 S.W. 44th Ct. Miramar, FL 33027	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 exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Placida L. Heredia</i>		DATE: 4-23-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E0348 (12/02)