## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2005 08:00 AN Secretary of State

DOCUMENT # P94000080528  1. Entity Name LILY TRADING, INC.  Mailing Address						Se	cretary (	of State
Principal Place of Business 1739 NW 80TH AVE #C-28 MARGATE, FL 33063		Mailing Address 1739 NW 80TH AVE #C-28 MARGATE, FL 33063				in catili deste multe dulle mple	e www.cock edite walus wells teac	 Li culcului el unus
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		-		1 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. ;	
City & State		City & State		<del> </del>	04292005 4. FEI Numb	Chg-P	CR2E034 (10/0	3) Applied For
Zip Country		Zip Country		rv	65-053		69.75	Not Applicable
6. Name and Address of Current		-			5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent			
				Name				
LEE, LILY 1739 N.W. 80TH AVE. #C-28 MARGATE, FL 33063				Street Address (P.O. Box Number is Not Acceptable)				
		Ti <sup>ne</sup> ye .	<u> </u>  - 	City	<del> </del>		FL Zip C	ode .
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 Signature, typod of provide name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NOWI!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND	<del></del>	11.		ADDITIONS	CHANGES TO OFFI	<del> </del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, JAMES C 1739 NW 80TH AVE #C-28 MARGATE, FL 33063	☐ Delete	TITLE NAME SYREE CITY-S	T ADDRESS		U00000 05/05/05-	□ Chang 359937 80013-003 1	
TITLE NAME STREET ADDRESS	DS LEE, LILY 1739 NW 80TH AVE #C-28	☐ Dolete	TITLE NAME STREE	T ADDRESS			☐ Chang	e 🗀 Addition
CITY-ST-ZIP	MARGATE, FL 33063		CMY-	ST-ZIP		<del></del>	Chana	e ☐ Addition
TITLE NAME STREET ADDRESS CITY-SY-ZIP	NAN Stri		TITLE NAME STREET CITY - S	T ADDRESS			Chang	a T voquitisi)
TITLE NAME STREET ADDRESS		☐ Dalete	TITLE NAME	T ADDRESS			☐ Chang	e 🔲 Addition
CITY-ST-ZIP			CITY-8					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Chang	e 🔲 Addition (
TITLE NAME STREET ADDRESS GTY-ST-ZIP		☐ Dolete	TITLE NAME	T ADURESS			☐ Chang	e 🗀 Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 physowered 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:								

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR