2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000034909

1. Entity Name
LINGERIE LIQUIDATORS, INC.

Principal Place of Business	Mailing Address
10172 NW 50 ST SUNRISE, FL 33351 US	10172 NW 50 ST SUNRISE, FL 33351 US

DO NOT WRITE IN THIS SPACE

04252005 No Chg-F CR2E034 (10/03)

4. FEI Number
65-0668729
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EILENBERG, STEVEN
4309 N REFLECTION BLVD APT 201
FORT LAUDERDALE, FL 33351

DO NOT WRITE IN THIS SPACE

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, my position as registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EILENBERG, STEVEN
STREET ADDRESS	4309 N REFLECTION BLVD APT 201
CITY-ST-ZIP	FORT LAUDERDALE, FL 33351
TITLE	P
NAME	EILENBERG, PAT
STREET ADDRESS	12947 NW 32 MANOR
CITY-ST-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000388758
04/27/05-80017-010 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steve Eilenberg 4/25/05 954-746-0829
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #