

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90071 012 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # P99000047477 1. Entity Name LILTAC, INC. | | | |
| Principal Place of Business C/O 767 S STATE ROAD 7, SUITE 7 MARGATE, FL 33068 | | Mailing Address C/O 767 S STATE ROAD 7, SUITE 7 MARGATE, FL 33068 | |
| 2. Principal Place of Business - No P.O. Box # C/O 767 S. STATE ROAD 7 | | 3. Mailing Address C/O 767 S. STATE ROAD 7 | |
| Suite, Apt. #, etc. SUITE 7L | | Suite, Apt. #, etc. SUITE 7L | |
| City & State MARGATE, FL | | City & State MARGATE, FL | |
| Zip 33068 | | Zip 33068 | |
| Country | | Country | |
| 4. FEI Number 65-0925369 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CUCUZZA, LILLIAN 767 S. STATE ROAD 7, SUITE 7 MARGATE, FL 33068 | | 7. Name and Address of New Registered Agent Name CUCUZZA, Lillian Street Address (P.O. Box Number is Not Acceptable) 767 S. STATE ROAD 7 SUITE 7L City MARGATE FL Zip Code 33068 | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | D CUCUZZA, LILLIAN 767 S STATE ROAD 7, SUITE 7 MARGATE, FL 33068 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CUCUZZA, LILLIAN 767 S STATE ROAD 7, SUITE 7 MARGATE, FL 33068 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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>Lillian Cucuzza, Lillian Cucuzza</u> | | Date <u>1-8-08</u> Daytime Phone # <u>954-979-8803</u> | |