2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000053220

1. Entity Name

LILY'S FOOTSTEPS, CORPORATION



FILED Jan 09, 2006 08:00 AM Secretary of State

Not Applicable

Principal Place of Business

2480 NW 20TH STREET MIAMI, FL 33142

Mailing Address

2480 NW 20TH STREET MIAMI, FL 33142



DO NOT WRITE IN THIS SPACE

01052006	No Ung-P	CR2E034 (1	1705)
4. FEI Number			Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTANA, LIDIA 2480 NW 20TH STREET MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

65-0927961

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8. The above the obligat	e named entity submits this statement for the potions of registered agent.	urpose of changing its registere	d affice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	profession /AVITE Basistanas	Actual plan at m	e required when reinstating)	DATE
	organisms, 19200 or primor rating or registrored aligns and that it	definition (NO)E, regulated	Agent signature	a rector act maleu (exustitinis)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finant Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, LIDIA 2480 NW 20TH STREET MIAMI, FL 33142		U00000379158 01/10/06-80010-009 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTANA, MARIA M P 2480 N.W. 20TH STREET MIAMI, FL 33142				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST+ZIP			Ī		
TITLE NAME					

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-06

305-638-0830

Daytime Phone #