

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # S88510

1. Entity Name

L & L INTERIORS, INC.



Principal Place of Business

12748 NW 15TH ST
SUNRISE FL 33323

Mailing Address

12748 NW 15TH ST
SUNRISE FL 33323

2. Principal Place of Business

ABOVE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
U.S.A.

Zip

Country
U.S.A.

6. Name and Address of Current Registered Agent

PLAVNICK, ELIZABETH
12748 NW 15TH ST
SUNRISE FL 33323

4. FEI Number
65-0294767

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$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 PLAVNICK, ELIZABETH 12748 NW 15TH ST SUNRISE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Elizabeth Plavnick

SIGNATURE: *Elizabeth Plavnick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 28, 2004 8:00 am
Secretary of State**

04-28-2004 90271 042 ***150.00



MOORE CR2E034 (11/03)

4-26-04 (954) 846-8384

Daytime Phone #