

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 516046

**Entity Name:** LEONORA FASHIONS, INC.**Current Principal Place of Business:**1095 EAST 15TH ST.  
HIALEAH, FL 33010**Current Mailing Address:**1095 EAST 15TH ST.  
HIALEAH, FL 33010 US**FEI Number:** 59-1695009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIORILLI, MICHAEL SR  
1095 EAST 15TH STREET  
HIALEAH, FL 33010 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P/D
Name	FIORILLI, MICHAEL SR.
Address	1095 EAST 15TH STREET
City-State-Zip:	HIALEAH FL 33010

Title	D
Name	SAMSON, DONNA
Address	1095 EAST 15TH STREET
City-State-Zip:	HIALEAH FL 33010

Title	D
Name	FIORILLI, ALFONSO
Address	1095 EAST 15TH STREET
City-State-Zip:	HIALEAH FL 33010

Title	D
Name	MARIA FIORILLI
Address	1095 EAST 15TH STREET
City-State-Zip:	HIALEAH FL 33010

Title	D
Name	FIORILLI, PHYLLIS
Address	1095 EAST 15TH STREET
City-State-Zip:	HIALEAH FL 33010

Title	VP/D
Name	RENEE FIORILLI
Address	1095 EAST 15TH. STREET
City-State-Zip:	HIALEAH FL 33010

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL FIORILLI SR.**PRESIDENT****01/07/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date