2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90083 005 ****50.00

DOCUMENT # L00000002453

1. Entity Name
3200 NORTH MIAMI AVENUE, LLC

Principal Place of Business	Mailing Address
713 NE 26TH AVE HALLANDALE, FL 33009	C/O GALUSTYANTS 713 NE 26TH AVE HALLANDALE, FL 33009

04242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1577 Mainer Way	1577 Mainer Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33019 Country:	Zip: 33019 Country:

4. FEI Number: 65-0987513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALUSTYANTS, BELLA 1835 E HALLANDALE BEACH BLVD. # 339 HALLANDALE, FL 33009	Name: GALUSTYANTS, BELLA Street Address (P.O. Box Number is Not Acceptable): 1577 MAINER WAY City: HOLLYWOOD FL Zip Code: 33019

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALUSTYANTS, BELLA 1835 E. HALLANDALE BEACH BLVD # 339 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALUSTYANTS, BELLA 1577 MAINER WAY HOLLYWOOD, FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOULMAROUF, NAZHIA 22 SARATOGA DRIVE JERICHO, NY 11753	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Bella Galustyants 04-27-06 305-606-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #