


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90195 043 ****50.00

DOCUMENT # L00000005188

1. Entity Name
A NATIONAL SALUTE TO THE U.S. MILITARY, LLC



00043208

Principal Place of Business Mailing Address
1012 EAST BROWARD BLVD **1012 EAST BROWARD BLVD**
FT LAUDERDALE, FL 33301 **FT LAUDERDALE, FL 33301**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02272007 Chg-LLC CR2E083 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-1107545 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	
KOTLER, MICHAEL I 54 SW BOCA RATON BLVD. BOCA RATON, FL 33432	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	FL	

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFF, MICKEY <input type="checkbox"/> Delete 1012 E. BROWARD BOULEVARD FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Markoff, Mickey 1012 E. Broward Blvd Ft. Lauderdale, FL 33301
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
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
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
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
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

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:  **Mickey Markoff** 3/22/07 954-467-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #