


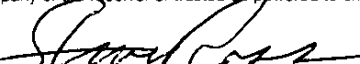
**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90017 002 \*\*\*138.75

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DOCUMENT # L01000007219			
1. Entity Name ISLAND STUFF USA LLC			
Principal Place of Business 1875 NE 149TH ST. NORTH MIAMI, FL 33181		Mailing Address 1875 NE 149TH ST. NORTH MIAMI, FL 33181	
2. Principal Place of Business - No P.O. Box # 2275 NW 150 Street		3. Mailing Address 2275 NW 150 Street	
Suite, Apt. #, etc. Unit D		Suite, Apt. #, etc. Unit "D"	
City & State Opa Locka, FL		City & State Opa Locka, FL	
Zip 33054		Country USA	
4. FEI Number 65-1098465		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, STEVE 1875 NE 149TH ST. NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name: ROSS, STEVE Street Address (P.O. Box Number is Not Acceptable): 2275 NW 150 Street Unit D City: Opa Locka FL Zip Code: 33054	
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:  Steve Ross President 1/8/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, STEVEN 1875 NE 149TH ST. NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Ross, Steven 2275 NW 150 Street Unit D Opa Locka, FL. 33054 <input checked="" 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
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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:  Steve Ross		Date: 1/8/08	Daytime Phone #: 301-688-7494
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			