

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003430

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: EXPRESSIONS OF DREAMS, LLC

**Current Principal Place of Business:**

1901 60TH PLACE  
SUITE L1247  
BRADENTON, FL 34203

**New Principal Place of Business:**

6866 NW 173 DRIVE  
SUITE 605  
HIALEAH, FL 33015 US

**Current Mailing Address:**

6866 NW 173 DRIVE  
UNIT 605  
HIALEAH, FL 33015 US

**New Mailing Address:**

6866 NW 173 DRIVE  
SUITE 605  
HIALEAH, FL 33015 US

FEI Number: 76-0736105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARZOLA, DORIS  
6866 NW 173 DRIVE  
UNIT 605  
HIALEAH, FL 33015 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARZOLA, DORIS  
Address: 6866 NW 173 DR., UNIT 605  
City-St-Zip: HIALEAH, FL 330155 US

Title: MGR ( ) Delete  
Name: GENNARI, MARCELO O  
Address: CRTA AUTOPISTA REYNOSA MONTERRREY TRAMO CA  
City-St-Zip: REYNOSA TAMAULIPAS, TA 88500 MX

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DORIS ARZOLA

MGR

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date