

Jun 07 05 12:42p

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-02-2005 90520 019 ***150.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000058651

1. Entity Name
ARPEGGIO PROFESSIONAL MAKE-UP, LLC

Principal Place of Business
1725-27 AVENIDA DEL SOL
BOCA RATON, FL 33432 US

Mailing Address
1725-27 AVENIDA DEL SOL
BOCA RATON, FL 33432 US

2. Principal Place of Business
1725-27 Avenida Del Sol
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

4. FEI Number
55-0877719

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SKS AND ASSOCIATES, L.C.
20423 STATE ROAD 7
STE. 6290
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent
Name: ~~Angela Castellano~~
Street Address: 1725-27 Avenida Del Sol
City: Boca Raton FL 33432

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: *Angela Castellano* (NOTE: Registered Agent signature required when changing) DATE:

Filing Fee is \$50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASTELLANO, ANGELA 1725-27 AVENIDA DEL SOL BOCA RATON, FL 33432 <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 exemption stated in Section 119.07(3)(i), 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: *Angela Castellano*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

30009125

