FILED
Apr 10, 2007 8:00 am
Secretary of State
03-27-2007 90200 028 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111161

1. Entity Name
SA & SHA DESIGN, LLC

30004...

Principal Place of Business	Mailing Address
17100 COLLINS AVENUE #109 SUNNY ISLES, FL 33160 US	1717 N BAYSHORE DRIVE SUITE 215 C/O DENNIS R BEDARD MIAMI, FL 33132

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	17100 Collins Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 109
City & State	City & State Sunny Isles
Zip / Country	Zip 33160 / Country FL

03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0759497 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BEDARD, DENNIS R ESQ.
1717 N. BAYSHORE DRIVE, SUITE 215
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	MC SOUTH FLORIDA INVESTMENT LLC	
STREET ADDRESS	17100 COLLINS AVENUE #109	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	MGRM	☐ Delete
NAME	ZAOUI, SABRINA	
STREET ADDRESS	C/O G. COOPER 1560 SAWGRASS CORP PKWY FL4	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Christine Bastit (Rodriguez) — April 5 2007 — 305 377 9827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #