2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# L05000111161

Entity Name: SA & SHA DESIGN, LLC

Current Principal Place of Business:

17100 COLLINS AVENUE #109
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

17100 COLLINS AVE
SUITE 109
SUNNY ISLES, FL 33160 US

New Mailing Address:

FEI Number: 02-0759497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ZAOUI, SABRINA
17100 COLLINS AVE
SUITE 109
SUNNY ISLES, FL 33160 US

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: SABRINA ZAOUI 01/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MC SOUTH FLORIDA INV, ESTMENT LLC
Address: 17100 COLLINS AVENUE #109
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM ( ) Delete
Name: ZAOUI, SABRINA
Address: C/O G. COOPER 1560 SAWGRASS CORP PKWY FL4
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ZAOUI, SABRINA
Address: 17100 COLLINS AVE # 109
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: SABRINA ZAOUI MGR 01/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date