




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2007-90045-006-\$50.00-\$50.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L06000068738			
1. Entity Name NEVER ENOUGH JUNIOR FASHIONS, LLC.			
Principal Place of Business 5770 SW 149 AVE MIAMI, FL 33193		Mailing Address 5770 SW 149 AVE MIAMI, FL 33193	
2. Principal Place of Business - No P.O. Box # 15528 SW 72 ST. Suite, Apt. #, etc.		3. Mailing Address 5770 SW 149 AVE. Suite, Apt. #, etc.	
City & State Miami FL 33193		City & State Miami FL 33193	
Zip 33193		Country USA	
4. FEI Number 300436178		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CANELA, JACKIE 5770 SW 149 AVE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name: Cristina Valdes Street Address (P.O. Box Number is Not Acceptable): 5770 SW 149 AVE City: Miami FL Zip Code: 33193	
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		DATE 8-20-07 Date	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANELA, JACKIE 5770 SW 149 AVE MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cristina Valdes 5770 SW 149 AVE Miami FL 33193 <input type="checkbox"/> Change <input checked="" 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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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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 8-20-07 (305) 796-9261 Date Daytime Phone #	