

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091446

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** INTERACTIVE RETAIL LLC

**Current Principal Place of Business:**

1250 HALLANDALE BEACH BOULEVARD  
502  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1250 HALLANDALE BEACH BOULEVARD  
502  
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

**FEI Number:** 20-5561031      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PFEFFER, JACOB D  
1250 HALLANDALE BEACH BOULEVARD  
502  
HALLANDALE BEACH, FL 33009 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: INTERNATIONAL TRADE, SOLUTIONS LLC  
Address: 1250 HALLANDALE BEACH BOULEVARD STE. 502  
City-St-Zip: HALLANDALE, F: 33009 US

Title: MGR ( ) Delete  
Name: SPLASH PERFUMES INC.,  
Address: 11401 NW 12TH STREET #460  
City-St-Zip: MIAMI, FL 33172 US

**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: SPLASH PERFUMES INC.

MGR

04/28/2008

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