2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90154 044 ***138.75

DOCUMENT # L9900003696 1. Entity Name MONTECARLO HATS, L.L.C.					04-18-2008 90154 044 ***138.75			
Principal Place of Business 12399 SW 53RD ST SUITE 101 COOPER CITY, FL 33330		Mailing Address 12399 SW 53RD ST SUITE 101 COOPER CITY, FL 33330		 	LETTE FOIRT BOYER OF THE DET		V 4 0 0 7	
2. Principal Place of Business - No P.O. Box # 20861 Johnson St Suite, Apt. #, etc. 113		3. Mailing Address 20861 Johnson St Suite, Apt. #, etc. 113		04082008	Chg-LLC	CR2E083 (12/0		
112 City & State		City & State Pembroke Pines, FL		4. FEI Number 65-0929			Applied For	
2ip 3302	Country Zip Count		Country	-i	 	of Status Desired	□ \$5.00 Fee Red	Additional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent	
			<u> </u>	Name				
CRUZ, SAMIR CURY 1X309 XWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				Street Address (P.O. Box Number is Not Acceptable)				
COORREN	XXXXXX		(
20861 Johnson St Pembroke Pines, FL 33029				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								
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		:		Make check payable to Florida Department of State				
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	1		:		Florida	re check payable a Department of S	tate
After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBE		10.			Florida	re check payable a Department of S	tate
After May	y 1, 2008 Fee will be \$538.75		10.	:		Florid	re check payable a Department of S	tate
9. THE NAME STREET ADDRESS	MANAGING MEMBE MGRM SAMIR CURY CRUZ 3428 BRADENHAM LN	RS/MANAGERS	TITLE NAME STREET A			Florid	ce check payable a Department of S /CHANGES	tate
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MANAGING MEMBE MGRM SAMIR CURY CRUZ 3428 BRADENHAM LN DAVIE, FL 33328	RS/MANAGERS Delete	TITLE NAME STREET A CITY-ST-			Florid	ce check payable a Department of S /CHANGES	ge Addition
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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:

Somir Cury