


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90154 044 \*\*\*138.75

<b>DOCUMENT # L99000003696</b>	
1. Entity Name <b>MONTECARLO HATS, L.L.C.</b>	

Principal Place of Business <b>12399 SW 53RD ST SUITE 101 COOPER CITY, FL 33330</b>	Mailing Address <b>12399 SW 53RD ST SUITE 101 COOPER CITY, FL 33330</b>
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**50004557**

2. Principal Place of Business - No P.O. Box # <b>20861 Johnson St</b>	3. Mailing Address <b>20861 Johnson St</b>
Suite, Apt. #, etc. <b>112</b>	Suite, Apt. #, etc. <b>112</b>

City & State <b>Pembroke Pines, FL</b>	City & State <b>Pembroke Pines, FL</b>
Zip <b>33029</b>	Country <b>USA</b>



04082008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>CRUZ, SAMIR CURY 12399 SW 53RD ST SUITE 101 COOPER CITY, FL 33330 20861 Johnson St Pembroke Pines, FL 33029</b>	
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4. FEI Number <b>65-0929052</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMIR CURY CRUZ 3428 BRADENHAM LN DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORGE CURY CRUZ 14012 NW 15TH DR PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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
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: <u>Samir Cury</u>	Date: <u>04/15/08</u>	Daytime Phone #: <u>954-843-0343</u>
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Samir Cury