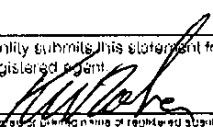
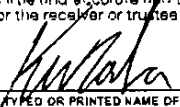


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90068 024 ****50.00

DOCUMENT # L05000074655			
1. Entity Name ACCESS TO SHOP, L.L.C.			
Principal Place of Business 9077 S.W. 138TH PLACE MIAMI, FL 33186		Mailing Address 9077 S.W. 138TH PLACE MIAMI, FL 33186	
2. Principal Place of Business 2123 NW 79 AVE Suite, Apt. #, etc.		3. Mailing Address 2123 NW 79 AVE Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33122	Country USA	Zip 33122	Country USA
4. FEL Number 20-3238024		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCHA, KLAUBER W 9077 S.W. 138TH PLACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Julio Y. IKEDA Street Address (P.O. Box Number is Not Acceptable) 2123 NW 79 AVE City DORAL FL Zip Code 33122	
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 		Date 3/13/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROCHA, KLAUBER W 9077 S.W. 138TH PLACE MIAMI, FL 33186 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Julio Y. IKEDA 2123 NW 79 AVE DORAL, FL 33122 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  KLAUBER W. ROCHA - MGR		Date 3/13/06 -786-3018788	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	