03/07/2006 2:07 PM RENE TORRES 305-553-3964

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Secretary of State
04-03-2006 90068 024 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000074655

1. Entity Name
ACCESS TO SHOP, L.L.C.

20023703

03072006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
9077 S.W. 138TH PLACE MIAMI, FL 33186	9077 S.W. 138TH PLACE MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
2123 NW 79 AVE	2123 NW 79 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL, FL	City & State: DORAL, FL
Zip: 33122 Country: USA	Zip: 33122 Country: USA

4. FEI 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	7. Name and Address of New Registered Agent
ROCHA, KLAUBER W 9077 S.W. 138TH PLACE MIAMI, FL 33186	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 [signature] 3/13/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, KAUBER 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
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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: [signature] KLAUBER W. ROCHA - MGR 3/13/06 786-301-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #