
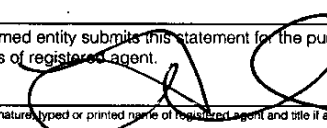


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90186 035 ****50.00

DOCUMENT # L00000000506 1. Entity Name MY EMOTIONS, LLC					
Principal Place of Business 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394			Mailing Address 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394		
2. Principal Place of Business - No P.O. Box # 2940 N.W. 29 Avenue Suite, Apt. #, etc.		3. Mailing Address 2940 N.W. 29 Avenue Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 36-4341466	
Zip 33434		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLE, CONRAD J 500 E. BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name Thomas A. Souza Street Address (P.O. Box Number is Not Acceptable) 2940 N.W. 29 Avenue City Boca Raton FL Zip Code 33434		
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 2/15/07 <small>Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE : NAME : STREET ADDRESS : CITY - ST - ZIP :	MGRM SOUZA, TOM 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394 <input checked="" type="checkbox"/> Delete		TITLE : NAME : STREET ADDRESS : CITY - ST - ZIP :	MGRM SOUZA, THOMAS A. 2940 N.W. 29 AVENUE BOCA RATON, FL 33434 <input checked="" 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	
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: 			Date 2/15/07 <small>Daytime Phone #</small>		