

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90155 021 \*\*\*\*50.00

**DOCUMENT # L00000005031**



1. Entity Name  
ITALSHOP OF FLORIDA, LLC.

Principal Place of Business  
20803 BISACYNNE BLVD  
STE 405  
MIAMI, FL 33180

Mailing Address  
20803 BISACYNNE BLVD  
STE 405  
MIAMI, FL 33180

**14024780**



06142004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1109522	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146

**DO NOT WRITE  
IN THIS SPACE**

R. 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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANIEL, ELIAS CABABIE 20803 BISCAYNE BLVD., STUIE 405 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANIEL, ABRAHAM C 20803 BISCAYNE BLVD., STUIE 405 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANIEL, JACOBO C 20803 BISCAYNE BLVD., STUIE 405 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Abraham Cababie, Manager* **6/20/04** 305-466-1810

Date

Daytime Phone #