

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000005031
 1. Entity Name
 ITALSHOP OF FLORIDA, LLC



DO NOT WRITE IN THIS SPACE

90157951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 20803 Biscayne Blvd.
 Suite, Apt. #, etc.
 Suite 405
 City & State
 Miami, FL
 Zip
 33180
 Country
 USA

3. Mailing Address
 20803 Biscayne Blvd.
 Suite, Apt. #, etc.
 Suite 405
 City & State
 Miami, FL
 Zip
 33180
 Country
 USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name ATRIUM REGISTERED AGENTS, INC.
 Street Address (P.O. Box Number is Not Acceptable)
 1500 San Remo Avenue, Suite 125
 City Coral Gables FL Zip Code 33146

I, the above named entity submit 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

[Handwritten Signature]

9/10/03

FEE IS \$50.00
 Make Check Payable to Florida Department of State
 DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MAN DANIEL, ELIAS CABABIE 20803 Biscayne Blvd., Suite 405 Miami, FL 33180	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MAN DANIEL, ABRAHAM CABABIE 20803 Biscayne Blvd., Suite 405 Miami, FL 33180	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MAN DANIEL, JACOBO CABABIE 20803 Biscayne Blvd., Suite 405 Miami, FL 33180	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Jacobo Cababie*

09/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Day/Post/Proc #

CR2E0835 (12/02)