


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008934 1. Entity Name SONIA BRAGA CUSTOM TAILOR, L.C.	
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Principal Place of Business 1880 SW 57 AVE MIAMI, FL 33155	Mailing Address 1339 SW 22 TERR MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1029695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENDER, HARRY K
C/O BENDER, BENDER & CHANDLER, P.A.
5915 PONCE DE LEON BLVD., SUITE 60
CORAL GABLES, FL 33146

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

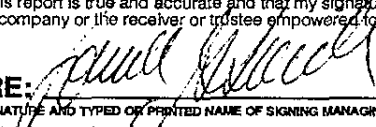
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SONIA BRAGA BANNISTER 1339 S.W. 22 TERRACE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANNISTER, DAVID 1339 S.W. 22 TERRACE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/15/04-80046-010 50.00

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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)(i), 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:  01-10-2004 3052699950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #