


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000008934  
 1. Entity Name  
 SONIA BRAGA CUSTOM TAILOR, L.C.



Principal Place of Business      Mailing Address  
 1880 SW 57 AVE                      1339 SW 22 TERR  
 MIAMI, FL 33155                      MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**



01222005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-1029695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

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
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 04/14/05-80089-003 50.00

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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]*      11 April 2005      305 269-9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Day/Time Phone #