


FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90151 048 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009020 1. Entity Name JOIELLE, LLC	
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Principal Place of Business 6421 CONGRESS AVE., #107 BOCA RATON, FL 33487	Mailing Address 6421 CONGRESS AVE., #107 BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1034249	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**POSTERNAK, MIGUEL
6509 LANDINGS COURT
BOCA RATON, FL 33496**

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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.

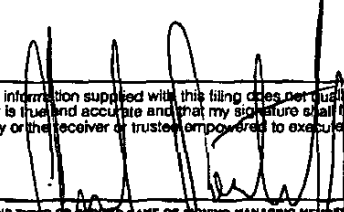
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POSTERNAK, MIGUEL 6509 LANDINGS CT. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POSTERNAK, MARTIN CARR MEXICO-TOLUCA 1545 MEXICO CITY 05110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POSTERNAK, DANIEL CARR MEXICO-TOLUCA 1545 MEXICO CITY 05110
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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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 BINDING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____