## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 02, 2005 08:00 AM DOCUMENT # L01000001746 1. Entity Name **Secretary of State** ACCESSORIES BROKERS LLC Principal Place of Business Mailing Address 1936 NW 82 AVE 1936 NW 82 AVE MIAMI, FL 33126 MIAMI, FL 33126 02242005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1071608 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. DO NOT WRITE 941 FOURTH STREET #200 MIAMI BEACH, FL 33139 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required whon roinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ELORRIAGA, MIKEL NAME STREET ADDRESS 1936 NW 82 AVE U00000249115 03/02/05-80056-018 50.00 CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: V

STREET ADDRESS CITY-ST-ZIP

M. ELORRIAGA, MEMBER

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305-513-8722