

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90278 028 \*\*\*\*50.00

<b>DOCUMENT # L01000002236</b> 1. Entity Name DREAM BRANDS IMPORT, L.L.C.					
Principal Place of Business 14050 S.W. 84 STREET SUITE 206 MIAMI, FL 33183			Mailing Address 14050 S.W. 84 STREET SUITE 206 MIAMI, FL 33183		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7301 SW, 141 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI		4. FEI Number 65-1073965	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33183		Country		60015917 	
6. Name and Address of Current Registered Agent  BENHAMO, MERCEDES <del>14050 SW 84 STREET</del> <del>206</del> MIAMI, FL 33183				7. Name and Address of New Registered Agent Name: BENHAMO, MERCEDES Street Address (P.O. Box Number is Not Acceptable) 7301 S.W. 141 AVE City: MIAMI FL Zip Code 33183	
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: <i>Mercedes Benhamo</i> DATE: 2-5-07 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KFOURI, FERNANDO 1111 CRANDON BLVD., A1201 KEY BISCAYNE, FL 33149		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mercedes Benhamo</i>			Date: 2-5-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		