

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000002261

1. Entity Name

BITOUX-PARIS L.L.C



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 21 AM 11:48

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

980 NW 47th St

City & State

City & State

F.T LAUDERDALE FL

Zip

Country

Zip

Country

33309

U.S.A

4. FEI Number

65-1077277

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jaime Halim-Mera

Street Address (P.O. Box Number is Not Acceptable)

980 NW 47th Street

City

Ft. Lauderdale FL

FL

Zip Code

33309

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.

200078285592

08/02/06--01064--023 **50.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR JAIME HALIM-MERA
980 NW 47th St
F.T LAUDERDALE FL 33309

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-18-06 (954) 854-1160