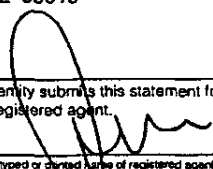
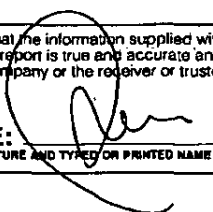


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90039 034 ****50.00

DOCUMENT # L01000003881			
1. Entity Name ITALIAN INTERNATIONAL DESIGNS, L.L.C.			
Principal Place of Business 11401 NW 12ST E193 MIAMI, FL 33172		Mailing Address 11401 NW 12ST E193 MIAMI, FL 33172	
2. Principal Place of Business 11401 NW 12th st		3. Mailing Address 11401 NW 12th st	
Suite, Apt. #, etc. 308		Suite, Apt. #, etc. 308	
City & State Miami FL		City & State Miami FL	
Zip 33172		Zip 33172	
Country EEUU		Country EEUU	
6. Name and Address of Current Registered Agent CABBANI, RONALDO 4860 SWEET BAY WAY HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name: Cabbani, Ronaldo Street Address (P.O. Box Number is Not Acceptable) 11401 NW 12st #308 City: Miami FL Zip Code: 33172	
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:  Ronaldo Cabbani President 03/03/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: P NAME: CABBANI, RONALD O STREET ADDRESS: 11401 NW 12ST E193 CITY-ST-ZIP: MIAMI, FL 33172		TITLE: Cabbani, Ronaldo NAME: Cabbani, Ronaldo STREET ADDRESS: 11401 NW 12st 308 CITY-ST-ZIP: Miami FL 33172	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
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:  Ronaldo Cabbani		03/03/04 9546995763	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	