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	Mailing Address
11401 NW 12ST E193 MIAMI, FL 33172	11401 NW 12ST E193 MIAMI, FL 33172

03032004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
11401 NW 12th st	11401 NW 12th st
Suite, Apt. #, etc. 308	Suite, Apt. #, etc. 308
City & State Miami FL	City & State Miami FL
Zip 33172 Country EE UU	Zip 33172 Country EE UU

4. FEI Number 05-1097054 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 NAME STREET ADDRESS CITY-ST-ZIP	P CABBANI, RONALD O 11401 NW 12ST E193 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cabbani, Ronaldo 11401 NW 12 st 308 Miami FL 33172	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 #