


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

CTW

DOCUMENT # L01000008430			
1. Entity Name V&Q RETAIL HOLDINGS, L.L.C.			
Principal Place of Business 3663 SW 8TH STREET PENTHOUSE MIAMI, FL 33134		Mailing Address 3663 SW 8TH STREET PENTHOUSE MIAMI, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUINTANA, J. LUIS 338 MINORCA AVE. CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



01212004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1108707 Applied For
Not Applicable

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

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	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLS, FELIPE A		NAME		
STREET ADDRESS	3663 SW 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE NAVARRA, CARLOS TORRES		NAME		
STREET ADDRESS	3663 SW 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, LUIS J		NAME		
STREET ADDRESS	338 MINORCA AVE.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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04/29/04-80144-017 50.00

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: *Carlos Torres de Navarra* **Carlos Torres de Navarra** 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(305) 446 6916