2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010149

1. Entity Name
SOJO DESIGN, LLC

Principal Place of Business	Mailing Address
C/O SOFIA JOELSSON	C/O SOFIA JOELSSON
1451 OCEAN DR STE. 204	1451 OCEAN DR STE. 204
MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

02032005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
75-2951299	Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE SOLUTIONS GROUP
1521 ALTON ROAD
433
MIAMI BEACH, FL 33139

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE
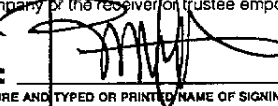
Filing Fee is $50.00
Due by May 1, 2005

IINN000218819
02/08/05-80003-007 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOELSSON, SOFIA
STREET ADDRESS	1451 OCEAN DR STE. 204
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	GROOBMAN, RUBY M
STREET ADDRESS	1451 OCEAN DRIVE SUITE 204
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   2/3/05   305-695-9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #