2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90451 023 ***150.00

DOCUMENT # L01000012479

1. Entity Name
TODO CONCEPTS, LLC

Principal Place of Business	Mailing Address
8903 GLADES ROAD BOCA RATON, FL S	806 CYPRESS GROVE LANE #109 POMPANO BEACH, FL 33069

04012004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8903 Glades Rd.	4611 Johnson Rd.
Suite, Apt. #, etc.: Somerset Shoppes	Suite, Apt. #, etc.: #1
City & State: BOCA RATON, FL	City & State: Coconut Creek FL
Zip: 33434 Country: USA	Zip: 33073 Country: USA

4. FEI Number: 65-1127579 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOUIHECH, TARAK
5530 NW 61 ST #326
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name: Emanuele Savona
Street Address (P.O. Box Number is Not Acceptable): 18172 181st Circle South
City: BOCA RATON FL Zip Code: 33436

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: X _____ 4/8/04
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	MGR DOUIHECH, TARAK MR. 5530 NW 61 ST, SUITE 326 COCONUT CREEK, FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Emanuele Savona 18172 181st Circle South Boca Raton, FL 33436	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOUIHECH, ROBERTA T MS. 5530 NW 61 ST., SUITE 326 COCONUT CREEK, FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TOSTA, FRANCISCO MR. 806 CYPRESS GROVE LANE, SUITE 109 POMPANO BEACH, FL 33069	☐ 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: X _____ X 4/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #