



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90450 015 \*\*\*\*50.00

<b>DOCUMENT # L01000017456</b>					
<b>1. Entity Name</b> <b>57 WAY WAREHOUSE, LLC</b>					
<b>Principal Place of Business</b> <b>633 NORTHEAST 167TH ST., STE. 301</b> <b>NORTH MIAMI BEACH, FL 33162</b>			<b>Mailing Address</b> <b>633 NORTHEAST 167TH ST., STE. 301</b> <b>NORTH MIAMI BEACH, FL 33162</b>		
<b>2. Principal Place of Business</b> <b>2690 S. PARK ROAD</b> Suite, Apt. #, etc. <b>BAY # 12</b> City & State <b>PEMBROKE PARK, FL</b> Zip <b>33009</b>		<b>3. Mailing Address</b> <b>2690 S. PARK ROAD</b> Suite, Apt. #, etc. <b>BAY # 12</b> City & State <b>PEMBROKE PARK, FL</b> Zip <b>33009</b>			
Country <b>USA</b>		Country <b>USA</b>		<b>04162004 Chg-LLC CR2E083 (10/03)</b>	
<b>4. FEI Number</b> <b>65-1152635</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				<b>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</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAGNON, ANDRE 633 NORTHEAST 167TH ST., STE. 301 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGNON, FRANCINE 633 NORTHEAST 167TH ST., STE. 301 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGLOIS, YVES 633 NORTHEAST 167TH ST., STE. 301 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDLOIS, ANDREE 633 NORTHEAST 167TH ST., STE. 301 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COTE, ALAN 633 NORTHEAST 167TH ST., STE. 301 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWARD, EUGENE 833 NE 167TH STREET # 301 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Francine Gagnon</u> <b>FRANCINE GAGNON</b> <u>4/16/2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					