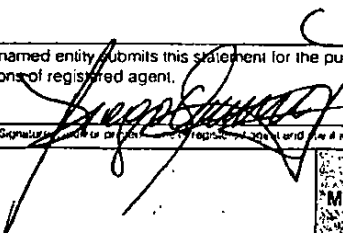
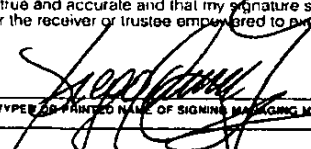


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/7/2007-90045-027-\$55.00-\$55.00

SECRET
DIVISION

07 OCT 16 PM 3:44

DOCUMENT # L02000008040 1. Entity Name BAIRES STYLE LLC			
Principal Place of Business 1671 MICHIGAN AVENUE MIAMI BEACH FL 33139		Mailing Address 1671 MICHIGAN AVENUE MIAMI BEACH FL 33139	
2. Principal Place of Business - No P.O. Box # 1439-B ALTON ROAD Suite, Apt. #, etc.		3. Mailing Address 1439-B ALTON ROAD Suite, Apt. #, etc.	
City & State MIAMI BEACH / FL Zip 33139		City & State MIAMI BEACH - FL Zip 33139	
Country USA		Country USA	
4. FEI Number 03-0437054		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINT, DIEGO HORACIO 1671 MICHIGAN AVENUE MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent BAIRES STYLE LLC / DIEGO H. QUINT Street Address (P.O. Box Number is Not Acceptable) 1439-B ALTON ROAD City MIAMI BEACH FL Zip 33139	
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 _____ (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME QUINT, DIEGO STREET ADDRESS 1671 MICHIGAN AVENUE CITY-ST-ZIP MIAMI BEACH FL 33139	☒ Delete	TITLE MGR NAME DIEGO H. QUINT STREET ADDRESS 1439-B ALTON RD CITY-ST-ZIP MIAMI, FL 33139	☒ 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
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 exemptions contained in Chapter 119, 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:  DIEGO H. QUINT Grd Manager 09/04/07 815-2087 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			