

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90169 031 \*\*\*\*55.00



**DOCUMENT # L02000008489**  
1. Entity Name  
**ANISE COSMETICS, LLC**

Principal Place of Business  
**2110 KEYSTONE BLVD.  
NORTH MIAMI FL 33181**

Mailing Address  
**2110 KEYSTONE BLVD.  
NORTH MIAMI FL 33181**



1st MOORE CR2E083 (10/04)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **33-1011193**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**A1A REGISTERED AGENT, INC.  
92 SADBERRY ROAD  
QUINCY FL 32351-0000**

**7. Name and Address of New Registered Agent**  
Name **NEAL WALLACH**  
Street Address (P.O. Box Number is Not Acceptable)  
**2110 Keystone BLVD**  
City **NORTH MIAMI FL** Zip Code **33181**

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 *Neal K. Wallach* **NEAL K. WALLACH** DATE **1/24/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>WALLACH, NEAL</b>	
STREET ADDRESS	<b>2110 KEYSTONE BLVD.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>TRAN, TAM</b>	
STREET ADDRESS	<b>2110 KEYSTONE BLVD.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Neal K. Wallach* **1/24/06** **305.981.2192**

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