


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2004 NOV -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011244			
1. Entity Name MARIA EUGENIA CREATIONS, LLC			
Principal Place of Business 1925 BRICKELL AVE., #C1106 MIAMI, FL 33129		Mailing Address 1925 BRICKELL AVE., #C1106 MIAMI, FL 33129	
2. Principal Place of Business <i>1915 Brickell Avenue</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i># C-1106</i>		Suite, Apt. #, etc.	
City & State <i>MIAMI FLORIDA</i>		City & State	
Zip <i>33129</i>		Country <i>MIAMI-DADE</i>	
6. Name and Address of Current Registered Agent STANHAM, NICHOLAS 520 BRICKELL KEY DR., STE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILAR DEL VALLE, MA EUGENIA 1915 BRICKELL AV #1106C MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042607134 11/09/04--01071--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANHAM, NICHOLAS 1915 BRICKELL AV #1106C MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date: <i>11/04/04</i> Daytime Phone #: <i>305 374 3800</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

REINSTATEMENT OF EIA