03/10/2004 13:15 SOFIA POWELL-COSIO → 3053658686

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90257 024 ****50.00

DOCUMENT # L02000018052

1. Entity Name
WEISSON DESIGN GROUP LLC

Principal Place of Business	Mailing Address
C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE MIAMI FL 33129	C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE MIAMI FL 33129

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
50 W Mashta Drive	50 W Mashta Drive
Suite, Apt. #, etc. Suite #2	Suite, Apt. #, etc. Suite # 2
City & State Key Biscayne FL	City & State Key Biscayne
Zip 33149 Country USA	Zip 33149 Country USA

4. FEI Number 30-0109785 ☐ Applied For ☐ Not Applicable

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

5. Name and Address of Current Registered Agent

POWELL-COSIO, SOFIA
1900 SW 3RD AVE
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name Ernesto H. Weisson
Street Address (P.O. Box Number is Not Acceptable) 50 W Mashta Drive Suite 2
City Key Biscayne FL Zip Code 33149

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	WEISSON HOLDING LLC		NAME	Weisson Holding, LLC	
STREET ADDRESS	1111 BRICKELL AVE 11TH FLR		STREET ADDRESS	50 W Mashta Drive Suite #2	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

PLEASE SIGN

SIGNATURE: ______________________ 3-24-04 (305) 365-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #