2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000018731

1. Entity Name

AMERICAN BEAUTY MANUFACTURING AND DISTRIBUTION LLC



FILED Jan 10, 2005 08:00 AM Secretary of State

Principal Place of Business

4500 HIATUS RD 207

SUNRISE, FL 33351

SIGNATURE:

Mailing Address

4500 HIATUS RD 207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SUNRISE, FL 33351

US



01042005 No Chg-LLC

CR2E083 (10/03)

Fee Required

Daytime Phone #

4. FEI Number	 Applied For
47-0878716	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

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

6. Name and Address of Current Registered Agent

UDLER, IZABELLA D 4500 HIATUS ROAD SUITE 207 SUNRISE, FL 33351

DO	NOT	WRITE
IN	THIS	SPACE

the obligat	ions of registered agent.			
SIGNATURE_	TZABELLA UDLER Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registared Agent signature required when reinstating) // 4/04 DATE		
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS	U00000175872		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UDLER, IZABELLA D 4500 HIATUS ROAD SUITE 207 SUNRISE, FL 33351	01/10/05-80060-809	50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	DO NOT WRITE		
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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.				