FILED May 27, 2003 8:00 am Secretary of State

05-27-2003 90056 024 ****50.00

UNIFORM BUSINESS REPORT (
DOCUMENT # L02000020754 1. Entity Name	(A)

EKENA INTERIORS, LLC

Principal Place of Business

2101 CORPORATE BLVD.

SUITE 107

Mailing Address

2101 CORPORATE BLVD.

SUITE 107

BOCK RATON PL 33431 BOCK RATON PL 33431						. 		
2. Principal Place of Business 855 GRIFFIN ROAL		3. Mailing Address 1855 GRIFFIN ROAL						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		CHECK HERE IF M	AKING CHANGES		
C-208		-C-208-						
	CH, FLORIDA	City & State DANIA BEACH			Number -2076030	No	oplied For ot Applicable	
33004	u.s.A.	33004	Country U.S.A.			55.00 Add		
6. N	ame and Address of Current	Registered Agent		7. Na	me and Address of New Regist	tered Agent		
M & W AGENTS, INC. 2101 CORPORATE BLVD. SUITE 107 BOCA RATON FL 33431				Name Street Address (P.O. Box Number is Not Acceptable)				
200,11,211			City		· · · · · · · · · · · · · · · · · · ·	FL Zip Code	e	
8. The above named the obligations of re		or the purpose of changing its	registered office of	or registered agen	t, or both, in the State of Florida.	I am familiar with,	and accept	
SIGNATURESignature,	lyped on printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signs	ature required when reins	tating)	DATE		
. .	en established of the	Make Check Payable	OW!!! FEE IS e to Florida De By May 1, 200	partment of S	late	سه د پیس . از بیدود		
9. 1	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CHA	NGES		
TITLE NAME		☐ Delete	TITLE NAME	MGRM ERNESTO	VELAZQUEZ FIN ROAD, C-208	Change	Addition	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP	DANIA BE	ACH, FLORIDA 331	, 004		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1855 GR	/ELAZQUEZ IFFIN ROAD, C-20	□ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i sign	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VANIA D	each, floriba 3	Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		مشدد والمحادر والمحادث	Change	Addition	
CITY-ST-ZIP			CITY-ST-ZIP		_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS GUY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-7IP			☐ Change	Addition	

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:

Daytime Phone #