


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021349

1. Entity Name
CASABELLA NATIONAL STUDIO, LLC



Principal Place of Business Mailing Address

16300 NE 19TH AVE 16300 NE 19TH AVE
 221 221
 MIAMI FL 33162 MIAMI FL 33162
 D

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E083 (10/04)

4. FEI Number Applied For

33-1030979 Not Applicable

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

6. Name and Address of Current Registered Agent

CARDENAS, SERGIO
55 OCEAN LANE DR. #1028
KEY BISCAVNE FL 33148

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: *Sergio Cardenas* DATE: **2/8/05**

Signature, typed or printed name of registered agent and title 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 NAME STREET ADDRESS CITY - ST - ZIP	MGR CARDENAS, SERGIO 16300 NE 19TH AVE STE 221 N. MIAMI BEACH FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARDENAS, MARILIZA 16300 NE 19TH AVE STE 221 N. MIAMI BEACH FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete

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

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 02/14/05-80063-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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: *Sergio Cardenas* DATE: **2/8/05** DAYTIME PHONE #: **305-919-9320**

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