2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 14, 2004 8:00 am Secretary of State 04-14-2004 90281 050 ****50.00

DOCUMENT # L02000025085 1. Entity Name HIDEA DESIGN, LLC					04-14-2004 90281 050 ****50.00			
Principal Place of Business 100 N.E. 43RD STREET MIAMI, FL 33137		Mailing Address 100 N.E. 43RD STREE MIAMI, FL 33137	100 N.E. 43RD STREET					· 额
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03022004	Chg-LLC CR2	E083 (10/03)	
City & State		City & State .			4. FEt Number Applied For 47-0892529 Not Applicable			
Zip	Country Zip Cou		Country		5. Certificate of Status Desired Space Spa			
	6. Name and Address of Curn	ent Registered Agent	l N	lame	7. Name an	d Address of New Register	ed Agent	
ZUGNONI, IDELBA 100 N.E. 43RD STREET				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL								
			C	ity			Zip Code	e .
8. The above	named entity submits this statemen	nt for the purpose of changing its	s registered of	ffice or register	ed agent, or b	oth, in the State of Florida. I a	am familiar with,	and accept
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, wide or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE								
Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State							ارین می ست ا	
9. TITLE	MANAGING MEN	//BERS/MANAGERS	10.	74	GRM	ADDITIONS/CHANG	ES Change	Addition
NAME	ZUGNONI, IDELBA R	La Derate	NAME	MA	RTINES	ALESANDRO 1380 St L 35/37/34/2	□ change	Addition
STREET ADDRESS CITY-ST-ZIP	SS 100 NE 3RD ST MIAMI, FL 331373412		STREET ADI	DRESS / G	Ami, F	33/37/34/2		
TITLE NAME		☐ Delete	TITLE NAME			• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition .
STREET ADDRESS CITY-ST-ZIP			STREET AD					
TITLE	☐ Delete TITL						☐ Change	Addition
NAME STREET ADDRESS	NA ST			DRESS				
CITY-ST-ZIP	CITY ☐ Delete TITE			riP			Change	Addition
NAME		☐ Selete	NAME				Unango	
STREET ADDRESS CITY-ST-ZIP			STREET ADI CITY-ST-2	I				
TITLE NAME		☐ Delete	TITLE NAME			•	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADE	E .				
TITLE		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS			name Street add					
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify to	CITY-ST-Z		ction 119 07/3	(i) Florida Statutes I further	certify that the in	formation
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 fimited liability company or thefreceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 4004								
SIGNATURE: Otto OR DRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE								