## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

JIEUNA & ZV6NOM

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

DOCUMENT # L02000025085  1. Entity Name  HIDEA DESIGN, LLC				Mar 14, 2005 08:00 AM Secretary of State	
Principal Place of Business 100 N.E. 43RD STREET MIAMI FL 33137		Mailing Address 100 N.E. 43RD STREET MIAMI FL 33137		-	
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.		1 MANUER ER BUILD 12817 BBIII BBII 1st Moore (	1 48/15 (1007 5)(() 58/20 18/01 5)(1007 11/1 185) CR2E083 (10/04)
City & State		City & State		4. FEI Number	Applied For
Zip Country		Zip	Country	47-0892529	Not Applicable  \$5.00 Additional
			1	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Reg	istered Agent
	NONI, IDELBA		Street Addres	s (P O. Box Number is Not Acceptable)	
	N.E. 43RD STREET MI FL 33137			··· - · · · · · · · · · · · · · · · · ·	
			City		Zip Code
	and a self-code of health above and	t family and a fam		anned annea and ask to sky Cash of Plants	FL
	ions of registered agent.	tion the purpose of citaliging its	registered office of regis	tered agent, or both, in the State of Floric	a. Tam amila with and accept
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered Agent signature requi	ired when reinstating)	DATE
		FILE NO	)W!!! FEE IS \$50.00	0	
		- I	e to Florida Departm	nent of State	
	NANCA OINTO MEN	L	By May 1, 2005	A DDITION (C/O)	IANIOTO
S. TITLE	MANAGING MEM	BERS/MANAGERS  Delete	10. Title	ADDITIONS/CI	-MANGES Change Addition
NAME	ZUGNONI, IDELBA R		NAME		
STREET ADDRESS	100 NE 3RD ST	•	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137-3412		CITY-ST-ZIP		
TITLE NAME	MGRM	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	ALESANDRO, MARTINEZ 100 NE 43RD ST.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33137		CITY-ST-ZIP		
THE F		☐ Delete	DHE		Change Andition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP		
TITLE		□ Delete	TITLE	<del></del>	☐ Change ☐ Addition
NAME		<u> </u>	NAME	HOOODS:	
STREET ADDRESS			STREET ADDRESS	03/14/05-800	3245 388-008 50.00
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP		· · · ·
TITLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIF			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CHY-SI-ZIP	and the state of t	Cal. al.: 2 (th d	CITY-ST-ZIP	One of the original	and the second of the second of
indicated	certify that the information supplied videnthis report is true and accurate a bility company or the receiver or trus	nd that my signature shall have t	the same legal effect as i	Section 119.07(3)(i), Florida Statutes. I fu if made under oath, that I am a managing apter 608, Florida Statutes.	member or manager of the

FILED

March, 12 205 305-576-8207

Date Daytome Phone #