

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90032 033 \*\*\*\*50.00

<b>DOCUMENT # L02000025085</b>	
1. Entity Name HIDEA DESIGN, LLC	

Principal Place of Business 100 N.E. 43RD STREET MIAMI, FL 33137	Mailing Address 100 N.E. 43RD STREET MIAMI, FL 33137
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**DO NOT WRITE IN THIS SPACE**



01042006No Chg-LLC CR2E083 (11/05)

4. FEI Number 47-0892529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ZUGNONI, IDELBA  
 100 N.E. 43RD STREET  
 MIAMI, FL 33137

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZUGNONI, IDELBA R 100 NE 3RD ST MIAMI, FL 331373412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALESANDRO, MARTINEZ <b>ALEJANDRO MARTINEZ</b> 100 NE 43RD ST. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **IDELBA R ZUGNONI** **04/10/06** **305-576-8203**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #