LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
May 09, 2003 8:00 am
Secretary of State
04-23-2003 90307 007 ****55.00

DOCUMENT # L02000033987

1. Entity Name

CASAMIA ENTERPRISES LC

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55039325

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2. Principal Place of Business		3. Mailing Address	
CASAMIA ENTREPRISES LC		SAME	
Suite, Apt. #, etc. 1994 NE 149TH STREET		Suite, Apt. #, etc.	
City & State NORTH MIAMI, FLORIDA		City & State	
Zip 33181	Country USA	Zip	Country

4. FEI Number 41-2073107 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name BARTHE M. FREDERIC ESQ

Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BLVD - SUITE 602

City FORT LAUDERDALE FL Zip Code 33304

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] - SYLVIE DI GENOVA - OPERATION MANAGER 04.03.03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	OPERATION MANAGER
NAME	SYLVIE DI GENOVA
STREET ADDRESS	3570 NW 73RD AVENUE
CITY-ST-ZIP	LAUDERHILL, FLORIDA 33319
TITLE	MANAGER
NAME	LUCIANO DEMICHELIS
STREET ADDRESS	VIA VALLE MACRA #3
CITY-ST-ZIP	12060 MAGLIANO ALPI (CN) ITALY
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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: [signature] SYLVIE DI GENOVA 04.03.03 305.949.1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #