## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000008990

Entity Name: AFRICAN VIBES LLC

FILED Jul 03, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6808 SW 40TH CT. MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** 6808 SW 40TH CT MIRAMAR, FL 33023 FEI Number: 13-4242210 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOPE, NERISSA 6803 S W 40 COURT MIRAMAR, FL 33023 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete HOPE, NERISSA Name: Name: Address: 6808 SW 40TH CT. Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: Title: PRES ( ) Change (X) Addition ( ) Delete Name: Name: HOPE, NERISSA Address: Address: 6808 SW 40TH CT City-St-Zip: City-St-Zip: MIRAMAR, FL 33023 Title: () Delete Title: ( ) Change (X) Addition HOPE, NERISSA Name: Name: 6808 SW 40TH CT Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33023 Title: () Delete Title: **TRES** ( ) Change (X) Addition Name: Name: HOPE, NERISSA 6808 SW 40TH CT Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33023 Title: () Delete Title: SEC ( ) Change (X) Addition HOPE, NERISSA Name: Name: 6808 SW 40TH CT Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33023 Title: () Delete Title: ( ) Change (X) Addition HOPE NERISSA Name: Name: Address: Address: 6808 SW 40TH CT MIRAMAR, FL 33023 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NERISSA HOPE MAN 07/03/2005