


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90066 018 ***138.75

DOCUMENT # L03000014442

1. Entity Name
 HINOJOSA DESIGN STUDIO, LLC



Principal Place of Business
 5001 SW 74TH COURT
 SUITE 100
 MIAMI, FL 33155 US

Mailing Address
 5001 SW 74TH COURT
 SUITE 100
 MIAMI, FL 33155 US

00000141



2. Principal Place of Business - No P.O. Box #
 120 NE 39 Street

3. Mailing Address
 120 NE 39 Street

Suite, Apt. #, etc.

01212008 Chg-LLC CR2E083 (12/06)

City & State
 Miami Florida

City & State
 Miami Florida

Zip
 33137-3632

Zip
 33137-3632

4. FEI Number
 90-0209180

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HINOJOSA, CAROLA
 5001 SW 74TH COURT
 SUITE 100
 MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 120 NE 39 Street

City
 Miami

State
 FL

Zip Code
 33137-3632

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	HINOJOSA, CAROLA	5001 SW 74TH COURT	MIAMI, FL 33155	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		120 NE 39 Street	Miami, FL 33137-3632	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Carola Hinojosa Carola Hinojosa (305) 666-9794
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 01/29/08 Daytime Phone #