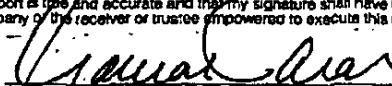


FILED
Mar 05, 2004 8:00 am
Secretary of State

02-02-2004 90208 047 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000022098			
1. Entity Name INTERIOR DETAILS BY BYBLOS, LLC			
Principal Place of Business 7230 SW 39TH TERR. MIAMI, FL 33155		Mailing Address 7230 SW 39TH TERR. MIAMI, FL 33155	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16-1680104		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIEGLER, S. HARVEY ESQ 41 JOLLY ROGER DR. KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 file if applicable. (NOTE: Registered Agent signature required when resigning) DATE			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER KAMAL T FARAH 7360 SW 116 TERRACE MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Secretary, Treasurer ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER AXI RODRIGUEZ 16590 N.E. 26 AVENUE APT. 604 N. MIAMI, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ABEDUL DESIGNS CORP 915 SW 102 TERRACE PENSACOLA, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Kamal T Farah 1/27/04 305 662-6666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	