



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90069 038 ****50.00

DOCUMENT # L03000025250 1. Entity Name ALAN STUART INTERNATIONAL, L.L.C.					
Principal Place of Business 14382 COMMERCE WAY MIAMI LAKES, FL 33016			Mailing Address 14382 COMMERCE WAY MIAMI LAKES, FL 33016		
2. Principal Place of Business - No P.O. Box # 5739 NW 159 Street		3. Mailing Address 5739 NW 159 Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami Lakes, FL		City & State Miami Lakes, FL			
Zip 33014		Country USA		4. FEI Number 20-0083108	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		01252007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BALOG, ANDREW E ESQ 1221 BRICKELL AVENUE MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAREJO USA 200 INDUSTRIAL PARK ROAD ST. ALBANS, VT 05478	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u>Jay Nanda</u> Jan. 25, 2007 (514) 593-9300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					