

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035706

FILED
Apr 29, 2004
Secretary of State

Entity Name: MARITA'S SYLE, LLC

Current Principal Place of Business:

4650 NW 79 AVE APT 2G
MIAMI, FL 33166

New Principal Place of Business:

415 NW 7 TERRACE
CAPE CORAL, FL 33993

Current Mailing Address:

4650 NW 79 AVE APT 2G
MIAMI, FL 33166

New Mailing Address:

415 NW 7 TERRACE
CAPE CORAL, FL 33993

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARIAS, OMAR
4650 NW 79 AVE APT 2G
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

FARIAS, OMAR
415 NW 7 TERRACE
CAPE CORAL, FL 33993 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: OMAR FARIAS

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FARIAS, OMAR
Address: 4650 NW 79 AVE APT 2 G
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: PETEAN, MARIA D
Address: 4650 NW 79 AVE APT 2G
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FARIAS, OMAR
Address: 415 NW 7 TERRACE
City-St-Zip: CAPE CORAL, FL 33993

Title: MGR (X) Change () Addition
Name: PETEAN, MARIA D
Address: 415 NW 7 TERRACE
City-St-Zip: CAPE CORAL, FL 33993

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: OMAR FARIAS

MGR

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date