2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# L03000044049

Entity Name: AROL FASHION, L.L.C.

Current Principal Place of Business:

5220 NW 72ND AVE., UNIT A2
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5220 NW 72ND AVE., UNIT A2
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-0462970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOCRON, OLIVIER
5220 NW 72ND AVE., UNIT A2
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete
Name: CHOCRON, ARMAND OLIVIER
Address: 5220 NW 72ND AVE., UNIT A2
City-St-Zip: MIAMI, FL 33166

Title: MGRM ( ) Delete
Name: RUIMY, YOHAN
Address: 10275 COLLINS AVENUE #1107
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ARMAND OLIVIER CHOCRON MGM 03/22/2006

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