

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT


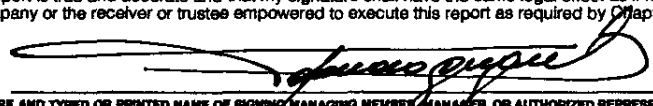
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10142004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000044476</b>			
1. Entity Name <b>CREATING BRAND AWARENESS, LLC</b>			
Principal Place of Business <b>14645 NW 77 AVE. STE 107 HIALEAH, FL 33014</b>		Mailing Address <b>14645 NW 77 AVE. STE 107 HIALEAH, FL 33014</b>	
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 <b>20-0963969</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GASQUET, ALEJANDRO R</b> <del>3100 SW 15TH TERRACE</del> <del>MIRAMAR, FL 33023</del> <b>16500 COLLINS AVE. #454</b> <b>SUNNY ISLES BEACH, FL 33160.</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GASQUET, ALEJANDRO R</b> <del>3100 SW 15TH TERRACE</del> <b>16500 COLLINS AVE. #454</b> <del>MIRAMAR, FL 33023</del> <b>SUNNY ISLES BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GABRIEL SPOLANSKY</b> <b>1722 VESTAL DR.</b> <b>CORAL SPRING, FL 33071</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGRM</del> <del>AMADOR JORGE</del> <del>3100 SW 15TH TERRACE</del> <del>MIRAMAR, FL 33023</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600041949776</b> <b>10/18/04--01090--013 **50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		OCTOBER 15, 2004 486-3029885	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	