


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90204 007 \*\*\*\*55.00

**DOCUMENT # L03000044476**

1. Entity Name  
**CREATING BRAND AWARENESS, LLC**



Principal Place of Business  
**14645 NW 77 AVE.  
 STE 107  
 HIALEAH, FL 33014**

Mailing Address  
**14645 NW 77 AVE.  
 STE 107  
 HIALEAH, FL 33014**

2. Principal Place of Business  
**1401 BRICKELL AVE**

3. Mailing Address  
**1401 BRICKELL AVE**

Suite, Apt. #, etc.  
**650**

Suite, Apt. #, etc.  
**650**

City & State  
**MIAMI FLORIDA**


City & State  
**MIAMI FLORIDA**

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**



01272005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0963969**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GASQUET, ALEJANDRO R  
 16500 COLLINS AVE #454  
 SUNNY ISLES BEACH, FL 33460**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GASQUET, ALEJANDRO R 16500 COLLINS AVENUE #454 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPOLIANSKY, GABRIEL 4722 VESTAL DR. CORAL SPRING, FL 33071	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIEGO ANDRES GRANDA 1401 BRICKELL AVE # 650 MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:**  **ALEJANDRO R. GASQUET** **1/27/05** **786-302-9895**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #