2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000056623

1. Entity Name
MINTY LOVE, LLC

Principal Place of Business	Mailing Address
P.O. BOX 2223	P.O. BOX 2223
MIAMI BEACH, FL 33140	MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

01212005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0881181	Not Applicable

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

6. Name and Address of Current Registered Agent

MOTOLA, BERNARDO ESQ
LUSKY & MOTOLA, P.A.
301 ALMERIA AVE, STE 345
CORAL GABLES, FL 33134

HOFFMAN LEVY + BENGIO CO
2525 N STATE RD 7, SUITE 115
HOLLYWOOD, FLORIDA 33021

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_____   ROMEN BENHARUSH   4/28/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR M
NAME	GREEN, ADRIAN
STREET ADDRESS	PO BOX 2223
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	MGRM
NAME	BARROUKH, YVES
STREET ADDRESS	PO BOX 2223
CITY-ST-ZIP	MIANI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   4/29/05   786 395 5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #