## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT DOCUMENT # L04000017619** 03-30-2005 90159 016 \*\*\*\*50.00 1. Entity Name ART AFFAIRS USA, LLC Principal Place of Business Mailing Address 30004982 3650 N. 36TH AVENUE **3650 N. 36TH AVENUE** HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 Chg-LLC CR2E083 (10/03) City & State City & State 90-01 Applied For Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERKOVITS, JOE'S 8211 W. BROWARD BLVD., #340 Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title II 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITI F ☐ Change ■ Addition ART AFFAIRS, INC. NAME NAME STREET ADDRESS 3650 N. 36TH AVENUE STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33021 City-ST-ZIP TITLE MGRM ☐ Delate TITLE ☐ Addition ☐ Change SK DISTRIBUTIONS NAME NAME STREET ADDRESS 14297 N.W.18TH COURT STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-719 TITLE Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE Change € Addition NAME HALF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 eceiver of usee empowered to execute this report. Inquired by Chapter 608, Florida Statutes.

## FILED Apr 28, 2005 8:00 am Secretary of State

SIGNATURE