

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-27-2005 90022 034 ****55.00

DOCUMENT # L04000026861 1. Entity Name FASHION FOR YOU, LLC					
Principal Place of Business 255 GALEN DRIVE #2-C KEY BISCAYNE, FL 33149-2121			Mailing Address 255 GALEN DRIVE #2-C KEY BISCAYNE, FL 33149-2121		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1092495	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. 43RD FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Global Expansion & Consulting, LLC Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street, Suite 2610 City Miami FL Zip Code 33131		
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 <u><i>Patricia Whaveri Esq.</i></u> DATE <u>04/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>HGR</u> <u>DACIO FERREIRA DA SILVA</u> <input type="checkbox"/> Delete <u>255 GALEN DRIVE #2C</u> <u>KEY BISCAYNE - FL - 33149</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

[Handwritten Signature]

04/18/05 **FILE: 3053613159**