2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # L04000038296 01-12-2005 90027 025 ****50.00 1. Entity Name BARBARA PALACIOS DESIGN COMPANY, L.L.C. Principal Place of Business Mailing Address 20001426 10620 NW 27TH STREET 10620 NW 27TH STREET MIAMI, FL 33172 MIAM), FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E083 (10/03) Chg-LLC 4. FEI Number 84-1648121 Applied For City & State City & State Not Applicable -Country Zip Country Zip \$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 SUAREZ, GUS ESQ. Street Address (P.O. Box Number is Not Acceptable) 4000 PONCE DE LEON BLVD., SUITE 470 1 m 1, 2 m CORAL GABLES,FL 33146-1432 City Zip Code 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 tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE □ Delete TITLE ☐ Change ☐ Addition WALLIS ENTERPRISES, CORP. NAME NAME 1883 HARBOR POINTE CIRCLE STREET ADDRESS STREET ADDRESS WESTON, FL 33327 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE TITLE ~ ☐ Change NAME WELL STYLE, L.L.C. NAME . 10620 NW 27TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-7IP ☐ Detete TITLE Change Addition NAME NAME · STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP_ TITI F ☐ Delete T/TI £ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 I limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 01/06/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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FILED Jan 12, 2005 8:00 am

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