

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038296

FILED
Apr 28, 2008
Secretary of State

Entity Name: BARBARA PALACIOS DESIGN COMPANY, L.L.C.

Current Principal Place of Business:

7300 CORPORATE CENTER DR
STE. 300
MIAMI, FL 33126

New Principal Place of Business:

6521 NW 87TH AVE
MIAMI, FL 33178

Current Mailing Address:

7300 CORPORATE CENTER DR
STE. 300
MIAMI, FL 33126

New Mailing Address:

6521 NW 87TH AVE
MIAMI, FL 33178

FEI Number: 84-1648121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUAREZ, GUS ESQ.
4000 PONCE DE LEON BLVD., SUITE 470
CORAL GABLES, FL 331461432 US

Name and Address of New Registered Agent:

ALVAREZ, DOMINGO
20225 NE 34TH CT 716
AVENTURA, FL 33180 US

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.

SIGNATURE: DOMINGO ALVAREZ

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALLIS ENTERPRISES., CORP.
Address: 1883 HARBOR POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Delete
Name: WELL STYLE, L.L.C.,
Address: 10620 NW 27TH STREET
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELL STYLE, L.L.C.,
Address: 10620 NW 27TH STREET
City-St-Zip: MIAMI, FL 33172

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOMINGO ALVAREZ

MGRM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date