

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
7/1 Aug 12, 2005 8:00 am
Secretary of State

07-11-2005 90042 033 ****50.00

DOCUMENT # L04000060083 1. Entity Name YOSSI USA, L.L.C.																															
Principal Place of Business 19333 COLLINS AVENUE, #806 SUNNY ISLES, FL 33160		Mailing Address 19333 COLLINS AVENUE, #806 SUNNY ISLES, FL 33160																													
2. Principal Place of Business 19333 COLLINS State, Apt. #, etc. 806		3. Mailing Address 3AME State, Apt. #, etc. 806																													
City & State SUNNY ISLES		City & State SUNNY ISLES																													
Zip 33160		Zip 33160																													
4. Federal Number NOT APPLICABLE		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent SERFATY, CHARLES S 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name ST PATRICK CHARLES Street Address (P.O. Box Number is Not Acceptable) 4340 SHERIDAN City HOLLYWOOD FL Zip 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 DATE _____																															
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete MGR. ZAAFARANI, NISSIM 19333 COLLINS AVENUE, #806 SUNNY ISLES, FL 33160 </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> <td style="width: 50%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete MGR. ZAAFARANI, YAFFA 19333 COLLINS AVENUE, #806 SUNNY ISLES, FL 33160 </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> </tbody> </table>				9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR. ZAAFARANI, NISSIM 19333 COLLINS AVENUE, #806 SUNNY ISLES, FL 33160	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR. ZAAFARANI, YAFFA 19333 COLLINS AVENUE, #806 SUNNY ISLES, FL 33160	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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 118.07(3)(f), 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 605, Florida Statutes.																															
SIGNATURE:		Date 7/7/05 977 2326391																													

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