

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064624

Entity Name: HHA STORE, LLC

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

1900 SW 57 AVENUE, SUITE 2  
MIAMI, FL 33155

## New Principal Place of Business:

## Current Mailing Address:

1900 SW 57 AVENUE, SUITE 2  
MIAMI, FL 33155

## New Mailing Address:

FEI Number: 65-1231808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODRUFF, ROY F  
1900 SW 57 AVENUE, SUITE 2  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: OLGA PATRICIA MENDEZ,  
Address: 1900 SW 57 AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33155

Title: MGRM ( ) Delete  
Name: HARATYK, AMPARO  
Address: 1900 SW 57 AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33155

Title: MGRM ( ) Delete  
Name: SALAZAR, ALBERTO  
Address: 1900 SW 57 AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: OLGA P MENDEZ

MGRM

04/24/2006

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