

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066189

Entity Name: D & A STORES LLC

FILED
Jul 31, 2006
Secretary of State

Current Principal Place of Business:

7890 NORTHWEST 52 STREET
MIAMI, FL 33166 US

New Principal Place of Business:

11318 NW 74 TERRACE
MIAMI, FL 33178 US

Current Mailing Address:

7890 NORTHWEST 52 STREET
MIAMI, FL 33166 US

New Mailing Address:

11318 NW 74 TERRACE
MIAMI, FL 33178 US

FEI Number: 20-1593078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MENDEZ, MARIA A
7890 NORTHWEST 52 STREET
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

MENDEZ, MARIA A
11318 NW 74 TERRACE
MIAMI, FL 33178 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: MARIA A. MENDEZ

07/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MENDEZ, MARIA A
Address: 11318 NORTHWEST 74 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: PITA, DANIEL
Address: 11318 NORTHWEST 74 TERRACE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

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: MARIA A. MENDEZ

MGR

07/31/2006

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