2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069715

FILED May 24, 2007 8:00 am Secretary of State 05-24-2007 90406 004 ****50.00

1. Entity Name AMBIENTE STUDIO VETRO, LLC													
Principal Place of Business 4689 SW 72ND AVENUE MIAMI, FL 33155				Mailing Address 4689 SW 72ND AVENUE MIAMI, FL 33155					41	יבטנונ	. •		
Principal Place of Business - No P.O. Box # 3. Mailing Address							•						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04262	007	Chg-LLC	CR	2E083 (12/06)	
City & State				City & State				4. FEI N	Numbe -2027				oplied For ot Applicable
Zip -				Z <u>íp</u>				5. Certi	ificate	of Status Desir	ed 🗌	\$5.00 Add	ditional d
	6. Name	and Address	of Current R	egistered Agent				7. Name and Address of New Registered Agent					
GABEL, JOSEPH 3695 ST. GAUDENS MIAMI, FL 33133						Street A	ddress (1 3 2		Numbe	LAFO- ir is Not Accep	nhise Itabie)	e Tr. Plaza	-
8. The above the obligat	ions of regist	y submits this ered agent.		the purpose of changing if		City ped office of		ed agent,		n, in the State	of Florida. 1	am familiar with,	
Filing Fee is \$50.00 Due by May 1, 2007												ck payable to ortment of Stat	e
9.	•	MANAG	ING MEMBER	S/MANAGERS					ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GABEL, JOSEPH 36 95 ST. GAUDENS RD MIAMI, FL 3 3133						469 m	89 J	W	72nd, FL.	14ve	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				-	,		-	☐ Change	Addition
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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
11. I hereby o	certify that the	e information s	upplied with t	his filing does not qualify f	or the exe	mptions co	ontained i	in Chapte	r 119, l	Florida Statute	s. I further c	ertify that the info	ormation

The reby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. From 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 608, Florida Statutes.

SIGNATURE:

US20-07 781-268-035

Daytime Phone #