

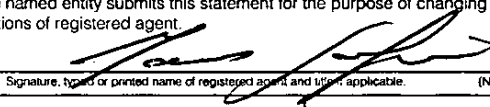
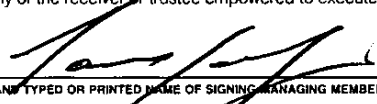


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90280 035 \*\*\*\*75.00

<b>DOCUMENT # L04000073413</b> 1. Entity Name <b>BRAND MARKETING &amp; DISTRIBUTION, LLC</b>					
Principal Place of Business <b>16005 NW 52 AVE</b> <b>MIAMI, FL 33014 US</b>			Mailing Address <b>16005 NW 52 AVE</b> <b>MIAMI, FL 33014 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">20007966</div> 	
City & State		City & State		01272005    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <div style="font-size: 24px; font-weight: bold;">34-2019523</div>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARBUR, TUFIC J</b> <b>15681 SW 147TH AVE</b> <b>MIAMI, FL 33187</b>				7. Name and Address of New Registered Agent Name <b>TOMMAS ZAFIR</b> Street Address (P.O. Box Number is Not Acceptable) <b>16005 NW 52 AVE</b> City <b>MIAMI LAKE</b> <b>FL</b> Zip Code <b>33014</b>	
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 <b>2/2/05</b>	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAR TEXTILES MFG. INC. 16005 NW 52 AVE MIAMI, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TED BARBUR & ASSOCIATES, INC. 15681 SW 147TH AVE MIAMI, FL 33187	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.					
SIGNATURE: 				Date <b>2/2/05</b> Daytime Phone # <b>305-625-7470</b>	

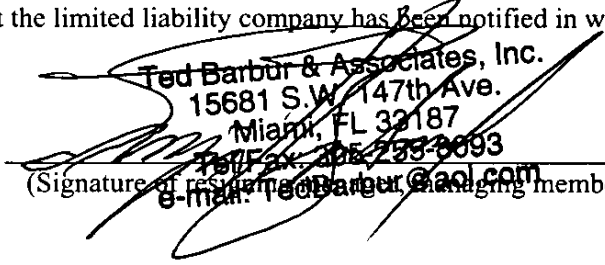
ATTACHMENT  
20007966  
L04000073413

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Ted BARBUR & ASSC. INC., hereby resign as MANAGING Member  
(Title)  
of BRAND MARKETING & Distribution LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,

and affirm that the limited liability company has been notified in writing of the resignation.

  
Ted Barbur & Associates, Inc.  
15681 S.W. 147th Ave.  
Miami, FL 33187  
Tel: 305-496-7293  
Fax: 305-496-0093  
e-mail: TedBarbur@aol.com  
(Signature of resigning member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314