

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085227

FILED
May 01, 2006
Secretary of State

Entity Name: AUTHENTIQUE PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

15644 SW 72 ST
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

15644 SW 72 ST
MIAMI, FL 33193

New Mailing Address:

FEI Number: 74-3137766 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:

FLOREZ, GERARDO
2211 NW 170 AVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

CASTILLO, ISABELLE M
15644 SW 72 ST
MIAMI, FL 33193 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: ISABELLE M. CASTILLO

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTILLO, ISABELLE M
Address: 9628 SW 146 PL
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Delete
Name: AZNAR, ANTOINE
Address: 9628 SW 146 PL
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: CASTILLO, ISABELLE M
Address: 9628 SW 146 PL
City-St-Zip: MIAMI, FL 33186

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: ISABELLE M. CASTILLO

PD

05/01/2006

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