

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90051 048 ****50.00

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DOCUMENT # L05000002831 1. Entity Name PARFOIS OF MIAMI LLC			
Principal Place of Business 848 BRICKELL AVE. #200 MIAMI, FL 33131		Mailing Address 848 BRICKELL AVE. #200 MIAMI, FL 33131	
2. Principal Place of Business 3015 Grand Ave Suite, Apt. #, etc. 170 City & State Cocoanut Grove FL Zip 33133 Country USA		3. Mailing Address 3015 Grand Ave Suite, Apt. #, etc. 170 City & State Cocoanut Grove FL Zip 33133 Country USA	
4. FEI Number 01162006 Chg-LLC CR2E083 (11/05)		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent BERK, ARTHUR J 848 BRICKELL AVE. #200 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name GOODSPEED, SILVIA M. Street Address (P.O. Box Number is Not Acceptable) 3015 Grand Ave # 170 City Cocoanut Grove FL Zip Code 33133		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 <u><i>Silvia M. Goodspeed</i></u> SILVIA M. GOODSPEED <u>04.10.06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME MEDEIROS, MANUELA <input type="checkbox"/> Delete STREET ADDRESS 848 BRICKELL AVE. #200 CITY-ST-ZIP MIAMI, FL 33131	TITLE Store Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SILVIA M. GOODSPEED STREET ADDRESS 3015 Grand Ave # 170 CITY-ST-ZIP Cocoanut Grove FL 33133		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Silvia M. Goodspeed</i></u> SILVIA M. GOODSPEED <u>04.10.06</u> <u>7862472514</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			