

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004916

FILED
May 04, 2006
Secretary of State

Entity Name: KITTYCOUGH CREATIVE, LLC

Current Principal Place of Business:

275 HIBISCUS DRIVE #A
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

219 NE 51ST ST
#3
MIAMI, FL 33137

Current Mailing Address:

275 HIBISCUS DRIVE #A
MIAMI SPRINGS, FL 33166

New Mailing Address:

219 NE 51ST ST
#3
MIAMI, FL 33137

FEI Number: 20-2743776 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:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE ST.
#185
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUERRA, ADRIANA
Address: 275 HIBISCUS DRIVE #A
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUERRA, ADRIANA
Address: 219 NE 51ST ST #3
City-St-Zip: MIAMI, FL 33137

Title: VP () Change (X) Addition
Name: SABRI, FRANCO
Address: 219 NE 51ST ST #3
City-St-Zip: MIAMI, FL 33137

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: ADRIANA GUERRA

CEO

05/04/2006

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