2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 APR 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900125108239
04/22/08--01038--002 **138.75

DOCUMENT # L05000015938

1. Entity Name
LA MARY, LLC

Principal Place of Business	Mailing Address
C/O LENNY GRAVIER 201 ALHAMBRA CIRCLE, #901 CORAL GABLES, FL 33134	C/O LENNY GRAVIER 201 ALHAMBRA CIRCLE, #901 CORAL GABLES, FL 33134
2. Principal Place of Business - No P.O. Box #: 515 East Park Ave	3. Mailing Address: 515 East Park Ave
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32301 Country: USA.	Zip: 32301 Country: USA

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GIMENEZ, SUSANA 811 EAST DILIDO DR. MIAMI, FL 33139	☑ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Woman of the Year 4 Battery Rd. 15-01 Bank of China Building Singapore 049908	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

FOR AND ON BEHALF OF: WOMAN OF THE YEAR PTE LTD (MANAGING MEMBER)

SIGNATURE: ______ APRIL 1, 2008 +41 58 750 7768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Authorized Signer Authorized Signer
Stephen Upton Daniel Des Roches