## **2006 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT

## FILED Mar 22, 2006 8:00 am **Secretary of State**

**DOCUMENT #L05000027756** 01-31-2006 90025 017 \*\*\*\*50.00 CELEBRITY GROUP, LLC Principal Place of Business Mailing Address 10624 SW KENDALE BLVD. 10624 SW KENDALE BLVD. MIAMI, FL 33176 --MIAMI, FL 33176---2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-2530428 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 Zip Code City 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 aignature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State B. Maria - Maria 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR. TITLE -☐ Change Addition Detete TITLE LAVDAS, LEONIDAS NAME NAME STREET ADDRESS 10624 SW KENDALE BLVD. STREET ADDRESS CITY-ST-7/P MIAMI, FL 33176 CETY-ST-7IP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE Delete TITLE Change Addition MANE NAME STREET ADORESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ■ Addition NAME HAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Delete ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY-ST-ZIP 11. I hereby certify that the information supplied with his 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 accurage 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 training that it is report as required by Chapter 608, Florida Statutes.

20/06 LEONIDAS 305 598 9783 SIGNATURE:

## ATTACHMENT 30002914

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IS ALREADY BEEN PAID. See relevant (Rein COPY