2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000033917

1. Entity Name
BRIENZA DESIGNER SHOES L.L.C.

Principal Place of Business	Mailing Address
6000 SW 16TH STREET PLANTATION, FL 33317	6000 SW 16TH STREET PLANTATION, FL 33317

2. Principal Place of Business	3. Mailing Address
Suite. Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03132006   Chg-LLC   CR2E083 (11/05)

4. FEI Number   41-2198734 | Applied For / Not Applicable |

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAUCEDO, JORGE A 6000 SW 16TH STREET PLANTATION, FL 33317	Name _IDA C OVIES_ Street Address (P.O. Box Number is Not Acceptable) _2307 DOUGLAS RD #400_ City _MIAMI_ FL Zip Code _33145_

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 _Ida C Ovies_   _3/13/06_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MACULAN, MARIANO		NAME		
STREET ADDRESS	VIA CURTIF 72		STREET ADDRESS		
CITY-ST-ZIP	30038 VENEZIA ITALY,		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _Maculan_   _3/13/06_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #