2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2007 8:00 am Secretary of State 03-13-2007 90119 033 ****50.00

DOCUMENT # L05000057733 1. Entity Name LADY FASHION, LLC							90119 033 ****50	0.00
Principal Place of Business Mailing Address					7	6002331	18	
1618 NW 38	ST	1618 NW 38 ST Suite #9 B						
Suite #9 B Miami, Fl 3:	3142 US							
		O Ma Tag Addison						
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address			 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numi 20-29		<u> </u>	plied For t Applicable	
Zip	Country -	Zip	Countr	γ		e of Status Desired	S5.00 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New F		
				Nam e				
BRITO, JAVIER 1618 NW 28 ST SUITE #9 B				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33142			Ĩ					
		-	City			FL Zip Cod	e	
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 bi registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2007							ke check payable to la Department of State	e
			10.			ADDITIONS	/CHANGES	
TITLE NAME			TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	·			T ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33142		CITY-S	ST-ZIP		_		
TITLE	—		TITLE	ł			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE	☐ Delete		TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS CITY-S1-ZIP				T ADDRESS ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME				Onlings	
STREET ADDRESS	I		4	T ADDRESS				
CITY-ST-ZIP	<u> </u>			ST-ZIP			[7] Ph	
TITLE NAME			TITLE	I			☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY	ST-ZIP			·	
TOTLE		☐ Delete	TITLE	1			☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
44 Ibaaba	certify that the information supplied with	this filing does not qualify for	the even	notions contains	d in Chapter 11	Florida Statutos II	further cortifu that the infe	rmation

Thereby certify that the information supplied with this filling does not quality for the exemptions contained in chapter 119, refords statutes. Horner 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/08/03

186-425-1931

Date

Daytime Phone #