


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90140 027 ****50.00

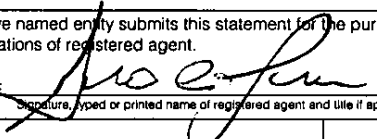
DOCUMENT # L05000077285		
1. Entity Name GLAMBRANDZ, LLC		

Principal Place of Business 250 N DIXIE HIGHWAY BAY 10 HOLLYWOOD, FL 33020	Mailing Address 250 N DIXIE HIGHWAY BAY 10 HOLLYWOOD, FL 33020
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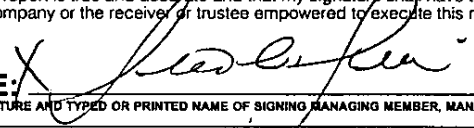
2. Principal Place of Business 250 N. DIXIE HWY	3. Mailing Address 250 N. DIXIE HWY
Suite, Apt. #, etc. #10	Suite, Apt. #, etc. #10
City & State HOLLYWOOD	City & State HOLLYWOOD
Zip 33020	Country USA

	
01092006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3265487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
FINE, SETH A 250 N DIXIE HIGHWAY BAY 10 HOLLYWOOD, FL FL	

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 	DATE
(NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINE AWARDS & GIFTS INC 250 N DIXIE HIGHWAY BAY 10 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
SIGNATURE 	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	