

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90469 001 \*\*\*\*\*5.00  
03-13-2006 90469 002 \*\*\*\*\*50.00

<b>DOCUMENT # L05000088517</b>					
<b>1. Entity Name</b> STEP IN STYLE LLC					
<b>Principal Place of Business</b> 8820 SW 132 PLACE 405 MIAMI, FL 33186			<b>Mailing Address</b> 8820 SW 132 PLACE 405 MIAMI, FL 33186		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 4500 NW 99 CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 103			
<b>City &amp; State</b>		<b>City &amp; State</b> DORAL - FL		<b>4. FEI Number</b> 141937299	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 33178		Country DADE		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  OROZCO, MARIO ANDRES 8820 SW 132 PLACE 405 MIAMI, FL 33186			<b>7. Name and Address of New Registered Agent</b> Name <b>SANTIAGO TENORIO</b> Street Address (P.O. Box Number is Not Acceptable) 4500 NW 99th CT. Apt. 103 City <b>DORAL</b> <b>FL</b> Zip Code <b>33178</b>		
<b>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.</b> SIGNATURE <u>Santiago Tenorio C</u> <span style="float: right;">03/07/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>TENORIO, SANTIAGO</b> <b>4500 NW 99 COURT #103</b> <b>MIAMI, FL 33178</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>OROZCO, MARIO ANDRES</b> <b>8820 SW 132 PLACE 405</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Santiago Tenorio C</u>		03/07/06		(305) 733-6933	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	