

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000088517

1. Entity Name
STEP IN STYLE LLC



Principal Place of Business
8820 SW 132 PLACE 405
MIAMI, FL 33186

Mailing Address
8820 SW 132 PLACE 405
MIAMI, FL 33186

2. Principal Place of Business

3. Mailing Address
4500 NW 99 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
103

City & State

City & State
DORAL - FL

Zip

Zip 33178

Country DADE

01182006 Chg-LLC CR2E083 (11/05)

4. FEI Number
141937299

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

OROZCO, MARIO ANDRES
8820 SW 132 PLACE 405
MIAMI, FL 33186

Name SANTIAGO TENORIO

Street Address (P.O. Box Number is Not Acceptable)

4500 NW 99th CT. Apt. 103

City DORAL

FL Zip Code 33178

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 Santiago Tenorio C

03/07/06

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 MGRM Delete
NAME TENORIO, SANTIAGO
STREET ADDRESS 4500 NW 99 COURT #103
CITY-ST-ZIP MIAMI, FL 33178

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Delete
NAME OROZCO, MARIO ANDRES
STREET ADDRESS 8820 SW 132 PLACE 405
CITY-ST-ZIP MIAMI, FL 33186

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: Santiago Tenorio C

03/07/06 (305) 733-6933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #