

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099411

FILED
Apr 29, 2007
Secretary of State

Entity Name: QUALITY 88 EYEWEAR DISTRIBUTOR LLC

Current Principal Place of Business:

9 HAWTHORNE PLACE #6E
BOSTON, MA 02114

New Principal Place of Business:

Current Mailing Address:

9 HAWTHORNE PLACE #6E
BOSTON, MA 02114

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOLENTINO, FELIPE I
Address: 9 HAWTHORNE PLACE #6E
City-St-Zip: BOSTON, MA 02114

Title: MGR () Delete
Name: WITAREA, OEMAR
Address: 9 HAWTHORNE PLACE #6E
City-St-Zip: BOSTON, MA 02114

Title: MGR () Delete
Name: PERCENTIE, LOURDES
Address: 9 HAWTHORNE PLACE #6E
City-St-Zip: BOSTON, MA 02114

Title: MGR () Delete
Name: TOLENTINO, PHILLIP
Address: 9 HAWTHORNE PLACE #6E
City-St-Zip: BOSTON, MA 02114

Title: MGR () Delete
Name: TOLENTINO, MICHAEL
Address: 9 HAWTHORNE PLACE #6E
City-St-Zip: BOSTON, MA 02114

Title: MGR () Delete
Name: TOLENTINO, AGNES
Address: 9 HAWTHORNE PLACE #6E
City-St-Zip: BOSTON, MA 02114

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOURDES PERCENTIE

MS

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date