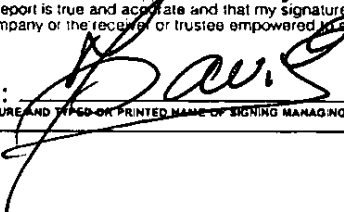


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-05-2007 90202 005 ****50.00

DOCUMENT # L05000106874 1. Entity Name ARIELLA DE PARIS, LLC			
Principal Place of Business 4980 NW 165 STREET STE A22 MIAMI, FL 33015		Mailing Address 4980 NW 165 STREET STE A22 MIAMI, FL 33015	
2. Principal Place of Business - No P.O. Box # 2199 NW 20th St #8		3. Mailing Address 2199 NW 20th St #8	
Suite, Apt. #, etc. #8		Suite, Apt. #, etc. #8	
City & State Miami, FL		City & State Miami, FL	
Zip 33142		Zip 33142	
Country USA		Country USA	
4. FEI Number 20-3727360		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VIVIES, PATRICK 700 E DANIA BEACH BLVD 202 DANIA, FL 33004		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALKA, DAVID 4980 NW 165 STREET STE A22 MIAMI, FL 33015	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALKA, ARIELLA 4980 NW 165 STREET STE A22 MIAMI, FL 33015	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malka David 2199 NW 20th St #8 Miami, FL 33142	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malka Ariella 2199 NW 20th St #8 Miami, FL 33142	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malka David 2199 NW 20th St #8 Miami, FL 33142	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malka Ariella 2199 NW 20th St #8 Miami, FL 33142	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malka David 2199 NW 20th St #8 Miami, FL 33142	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malka Ariella 2199 NW 20th St #8 Miami, FL 33142	☐ Delete	☒ Change ☐ 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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	