


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90161 005 ****50.00

DOCUMENT # L06000015554 1. Entity Name CUSTOM AND ALTERATION SERVICES, LLC	
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Principal Place of Business 808 S.W. CLASSICAL COURT PORT ST. LUCIE, FL 34986	Mailing Address 808 S.W. CLASSICAL COURT PORT ST. LUCIE, FL 34986
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2. Principal Place of Business - No P.O. Box # 2151 ALT AIA SOUTH Suite, Apt. #, etc. 300	3. Mailing Address 2151 ALT AIA SOUTH Suite, Apt. #, etc. 300
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City & State JUPITER FLORIDA	City & State JUPITER FLORIDA
Zip 33477	Country PALM BEACH

6. Name and Address of Current Registered Agent TRAN, JACQUELINE S 2151 ALTERNATE A1A, STE. 300 JUPITER, FL 33477	
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02262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-0817582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JACQUELINE S TRAN 808 SW CLASSICAL CT PORT ST. LUCIE FL 34986 <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: Jacqueline S Tran 3-14-07 (561) 748-8335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #