## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 29, 2007 8:00 am Secretary of State DOCUMENT # L06000018252 01-29-2007 90141 031 \*\*\*\*50.00 1. Entity Name **BRANDSMALL LLC** Principal Place of Business Mailing Address 60009944 6800 SW 40TH STREET, SUITE 689 6800 SW 40TH STREET, SUITE 689 MIAMI, FL 33155 US MIAMI, FL 33155 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01192007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20 City & State City & State Applied For 4386 065 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEA, GIOVANNI Street Address (P.O. Box Number is Not Acceptable) 6800 SW 40TH STREET, SUITE 689 MIAMI, FL 33155 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. Morram SIGNATURE Signature, typed or printed rame of registred agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM . . TITLE ☐ Delete TITLE Change ☐ Addition STEA, GIOVANNI NAME NAME STREET ADDRESS 10857 SW 75TH TER STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trugglee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OF PRINTED NAME

**FILED**