## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90369 042 \*\*\*\*50.00

| DOCUMENT # L06000044  1. Entity Name D'JEREZ INTERIORS  | 4108  |   | 04-23-2007 30303 042 30.00   |         |
|---|---|---|--|---------|
| Principal Place of Business   | Mailing Address   |   | · .  |         |
| 705 11TH ST.  | 705 11TH ST.  |   | 60038709   |         |
| SUITE,9<br>Miami Beach, Fl 33140  | SUITE9<br>Miami Beach, FL 3313  | 9   | 00000.00   |         |
|   | MINNI DENGI, LE 3313.   | <i>,</i>  | : I TOUTH ON THIS THE TREE TO THE TOUR STATE OF THE TOUR STATE OF THE TREE TO THE  | 1       |
| 2. Principal Place of Business - No P.O. Box # 1056 E uchil Ole   | 3. Mailing Address  | d Dre   |  |         |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |   | 04122007 Chg-LLC CR2E083 (12/06)   |         |
| City & State  City & State  | City & State  | FI.   | 4. FEI Number   Applied For 20 - 478 958   Not Applied   |         |
| Zip Country   | Zip   | Countrie  | \$5.00 A 44%   | able    |
| 33.03g W  | 33139   | Codintry (4.1   | Fee Required   |         |
| 6. Name and Address of Curren   | t Hegistered Agent  | Name  | 7. Name and Address of New Registered Agent  |         |
| DE LOS SANTOS, DAVID  |   | <u> </u>  | Drig D6 por Zoutor   |         |
| 705, 117H ST.<br>  SUITE 9 **   |   | Street Address  | (P.O. Box Number is Not Acceptable)  |         |
| MANABEACHEFLE 33139   |   | 4000  |  |         |
|   |   | City  | Q.\ Zip.Code   |         |
| 8. The above named entity submits this statement  | for the purpose of changing its re  | egistered office or register  | ered agent, or both, in the State of Florida. I am familiar with, and acc  | cept    |
| the obligations of registered agent.  |   |   | •  |         |
| SIGNATURE Should styped or printed hame of registered open  | t and title if applicable (MOTE)  | Registered Agent signature require  | red when reinstaing) DATE  |         |
|   | THE HOLD APPROACH   | registered Agent signature require  | OATE   |         |
| Filing Fee is \$50.00<br>Due by May 1, 2007   | 1 4   |   | Make check payable to Florida Department of State  |         |
| 9. MANAGING MEME  | ERS/MANAGERS  | 10.   | ADDITIONS/CHANGES  |         |
| NAME DE LOS SANTOS, DAVID   | Delete  | NAME DO   | will De Los Santos Change Add  | dition  |
| STREET ADDRESS 705 11TH ST.   |   | TOWNE -   | 56 Euclid Rue # 1  |         |
| CITY-ST-ZIP MIAMI BEACH, FL 33139   | ·   | CITY-ST-ZIP   | ismi Barch, FL 33139   |         |
| TITLE   | ☐ Delete  | TITLE   | ☐ Change ☐ Add   | dition  |
| NAME<br>STREET ADDRESS  |   | NAME<br>STREET ADDRESS  |  |         |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |  |         |
| TITLE   | ☐ Delete  | TITLE   | ☐ Change ☐ Add   | dition  |
| NAME  |   | NAME  |  |         |
| STREET ADDRESS CITY-ST-ZIP  |   | STREET ADDRESS<br>City-St-Zip   |  |         |
| TITLE   | ☐ Delete  | TITLE   | ☐ Change ☐ Add   | dition  |
| NAME  | 2 0000  | NAME  | · ·  | 2-110-1 |
| STREET ADDRESS  |   | STREET ADDRESS  |  |         |
| CITY-ST-ZIP   | По  | CITY-ST-ZIP   | D  |         |
| TITLE ,   | ☐ Delete  | TITLE<br>NAME   | ☐, Change ☐ Add  | THION   |
| STREET ADDRESS  |   | STREET ADDRESS  |  |         |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |  |         |
| TITLE NAME  | ☐ Delete  | TITLE   | ☐ Change ☐ Add   | dition  |
| STREET ADDRESS  |   | NAME<br>Street address  |  |         |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |  |         |
| <ol> <li>I hereby certify that the information supplied windicated on this report is true and accurate an limited liability company of the pepeiver or trust</li> </ol> | th this filing does not qualify for t<br>d that my signature shall have th<br>ee empowered to execute this re | he exemptions contained<br>e same legal effect as if<br>port as required by Cha | d in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the opter 608, Florida Statutes. |         |
|   |   |   |  |         |
| SIGNATURE: X  | <u> </u>  | •   | MERM_  |         |
| SIGNATURE AND EXPERIOR PRINTED HAME   | OF SIGNING MANAGING MEMBER, MANA  | GER. OR AUTHORIZED REPRES   | SENTATIVE Date Daytime Phone #   | -       |