

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082654

FILED
Jun 13, 2007
Secretary of State

Entity Name: HAIR & FITNESS MIAMI LLC

Current Principal Place of Business:

100 N. BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

100 N. BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 20-5408270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HERVE, RIVOAL
100 N. BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132 US

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: MGRM () Delete
Name: RIVOAL INTERNATIONAL, LLC
Address: 100 N. BISCAYNE BLVD - SUITE 500
City-St-Zip: MIAMI, FL 33132 US

Title: MGRM () Delete
Name: TRINI DEVELOPMENT LL, C
Address: 100 N. BISCAYNE BLVD - SUITE 500
City-St-Zip: MIAMI, FL 33132 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LADY INTERNATIONAL L, LC
Address: 100 N. BISCAYNE BLVD - SUITE 500
City-St-Zip: MIAMI, FL 33132 US

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: RICHARD WAGNER

MGRM

06/13/2007

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