

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088267

FILED
Aug 28, 2007
Secretary of State

Entity Name: IN FOCUS ENTERPRISE, LLC

Current Principal Place of Business:

4699 N. FEDERAL HIGHWAY, SUTIE 207
POMPANO BEACH, FL 33064

New Principal Place of Business:

4699 N. FEDERAL HIGHWAY, SUITE 207
POMPANO BEACH, FL 33064

Current Mailing Address:

4699 N. FEDERAL HIGHWAY, SUTIE 207
POMPANO BEACH, FL 33064

New Mailing Address:

4699 N. FEDERAL HIGHWAY, SUITE 207
POMPANO BEACH, FL 33064

FEI Number: 74-3189813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BROXTON, BRIGETTE
229 S.W. 2ND STREET
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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: BROXTON, BRIGETTE
Address: 229 S.W. 2ND STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: BROXTON, DANA
Address: 229 S.W. 2ND STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

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: BRIGETTE BROXTON

MGRM

08/28/2007

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