2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							
DOCUMENT # L06000095061 1. Entity Name					FIL	.ED	
FASHION GENIES, LLC					2007 HAR 22	AM 11: 07	
Principal Place of Business		Mailing Address			SECRETARY	OF CTAR	
50 HARBOUR DRIVE SOUTH OCEAN RIDGE FL 33435 US		50 HARBOUR DRIVE S OCEAN RIDGE FL 334 US			SECRETARY TALLAHASSE	EL STATE	
Principal Place of Business - No P.O. Box #		3. Mailing Address					, 110001 111 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E083 (10/06)	
City & State		City & State		1	4. FEI Number 20-840077	2/	applied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent	Name	•	7. Name and Address of New	Registered Agent	····
SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD SUITE 604			Street Address (P.O. Box Number is Not Acceptable)				
	LM BEACH GARDENS FL 33	410	City			FL Zip Coo	de
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.							, and accept
SIGNATURE Signature, typed or printed name of registered agent and title & applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007							
9.	MANAGING MEMBEI	RS/MANAGERS	10.		ADDITIONS	CHANGES 1	
NITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VINAS, LUIS 50 HARBOUR DRIVE SOUTH OCEAN RIDGE FL 33435	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP			NAME Street address City-St-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		•	Change	Addition
STRFET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP	03	14/07-90213	3-022-\$5	0.00
fitle Name		☐ Detete	TITLE NAME	,	1	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-7ip				
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	<u></u>		Change	Addition
NAME Street address			NAME Street ad <b>ores</b> s				
CITY-ST-ZIP			CITY-ST-ZIP				•
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signeture shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_

3/3/02