

03-30-'08 09:49 FROM-Tony Mok

3053547227


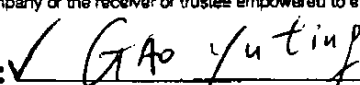

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90151 047 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

60018954



<b>DOCUMENT # L07000010678</b>			
1. Entity Name SWEET HOME BOUTIQUE, LLC.			
Principal Place of Business 16445 NW 52ND AVENUE HIALEAH, FL 33014 US		Mailing Address 16445 NW 52ND AVENUE HIALEAH, FL 33014 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 125 NE 162nd ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State N. Miami BCH, FL	
Zip	Country	Zip	Country
33162	USA	20-8336139	FEI Number
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAO, YU TING 16445 NW 52 AVENUE MIAMI, FL 33014		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAO, YU TING 16445 NW 52 AVE MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 3/31/08 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	