


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90188 010 ***138.75

DOCUMENT # L07000035257 1. Entity Name COLOR UNIQUE FLORIDA, LLC					
Principal Place of Business 255 ALHAMBRA CIRCLE, STE 705 CORAL GABLES, FL 33134			Mailing Address 255 ALHAMBRA CIRCLE, STE 705 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 5532 SW 164 PLACE		3. Mailing Address 5532 SW 164 PLACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 26-2458732	
Zip 33185		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04252008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CARLOS A. MARIN, P.A. 255 ALHAMBRA CIRCLE, STE 705 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Carlos A. Marin, P.A. Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive Suite 700 City Coconut Grove FL Zip Code 33133		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4-25-2008	
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 MEJIA, ALFONSO 255 ALHAMBRA CIRCLE, STE 705 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, ALVARO 255 ALHAMBRA CIRCLE, STE 705 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRICIA MEJIA, MARIA 255 ALHAMBRA CIRCLE, STE 705 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Alfonso Mejia, Manager</u> 04-25-08 305-223-9916 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					