2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

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Entity Name: BEST BRIDES WORLDWIDE LLC

Current Principal Place of Business:

1925 BRICKELL AVE
D-204
MIAMI, FL 33129 US

New Principal Place of Business:

801 BRICKELL BAY DR.
463
MIAMI, FL 33131 US

Current Mailing Address:

1925 BRICKELL AVE
D-204
MIAMI, FL 33129 US

New Mailing Address:

801 BRICKELL BAY DR.
463
MIAMI, FL 33131 US

FEI Number: 26-0186256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOSA, JOHN C ESQ
999 BRICKELL AVE
STE 700
MIAMI, FL 33131 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: MGR ( ) Delete
Name: SIXTO, OMAR J
Address: 1925 BRICKELL AVE SUITE D-204
City-St-Zip: MIAMI, FL 33131 US

Title: MGR ( ) Delete
Name: DZYPETRUK, ZOYA
Address: 1925 BRICKELL AVE SUITE D-204
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SIXTO, JUAN O
Address: 801 BRICKELL BAY DR. UNIT# 463
City-St-Zip: MIAMI, FL 33131 US

Title: MGR (X) Change ( ) Addition
Name: DZYPETRUK, ZOYA
Address: 801 BRICKELL BAY DR. UNIT# 463
City-St-Zip: MIAMI, FL 33131 US

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: JUAN OMAR SIXTO MGR 04/04/2008

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