2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058238

Entity Name: BEADS BY DORIS LLC

FILED Apr 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

505 NW 43RD PLACE 9621 FONTAINEBLEAU BLVD. POMPANO BEACH, FL 33064

411

MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

505 NW 43RD PLACE 9621 FONTAINEBLEAU BLVD.

POMPANO BEACH, FL 33064 MIAMI, FL 33172

FEI Number: 26-0277877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORIS, OGREAN DORIS, OGREAN

505 NW 43RD PLACE 9621 FONTAINEBLEAU BLVD

POMPANO BEACH, FL 33064 US MIAMI, FL 33172 US

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: DORIS OGREAN 04/12/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete

DORIS, OGREAN DORIS, OGREAN Name: Name: Address: 505 NW 43RD PLACE Address: 9621 FONTAINEBLEAU BLVD

City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Delete Title: () Change () Addition

Name: AMJAD, SHELLY Name: Address: 505 NW 43RD PLACE Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip:

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: DORIS OGREAN 04/12/2009