## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059157

Entity Name: EA LINGERIE USA, LLC

FILED Jan 24, 2008 Secretary of State

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

1110 BRICKELL AVE., SUITE 300 800 BRICKELL AVE MIAMI, FL 33131 SUITE 1205

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

1110 BRICKELL AVE., SUITE 300 800 BRICKELL AVE MIAMI, FL 33131 SUITE 1205 MIAMI, FL 33131

FEI Number: 26-0316332 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:

RAMON, CARLOS
901 BRICKELL AVE., SUITE 300
MIAMI, FL 33131 US

GABLES CORPORATE SERVICES
815 PONCE DE LEON BLVD
SUITE 203

CORAL GABLES, FL 33134 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: CARMEN L. GOMEZ 01/24/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

Name: RIVERA, VANESSA Name: RIVERA, VANESSA
Address: 1110 BRICKELL AVE., SUITE 300 Address: 800 BRICKELL AVE STE.1205

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

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

 Name:
 ARANGO, JHON JAIRO
 Name:

 Address:
 31 AMITY PLACE
 Address:

 City-St-Zip:
 STATEN ISLAND, NY 10303
 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: VANESSA RIVERA MGR 01/24/2008