

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90136 021 ***138.75

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02072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000070303 1. Entity Name MEDITERRANEO RESORT WEAR, LLC					
Principal Place of Business 18111 N.W. 68 AVENUE, #I-206 MIAMI, FL 33015			Mailing Address 18111 N.W. 68 AVENUE, #I-206 MIAMI, FL 33015		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 22-3966079	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145					
7. Name and Address of New Registered Agent 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 reinstating) 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	MGR DRAPER, ANGELA 18111 N.W. 68 AVENUE, #I-206 MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDUJAR, IRIS 18111 N.W. 68 AVENUE, #I-206 MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. DRAPER, ANGELA 18111 N.W. 68 AVENUE, #I-206 MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDUJAR, IRIS 18111 N.W. 68 AVENUE, #I-206 MIAMI, FL 33015	<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: <i>Angela Draper</i> ANGELA DRAPER 3/29/08 305 378-3172 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					