2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 30 PM 2:30

DOCUMENT # L07000110248

1. Entity Name
ARC EN CIEL VOYAGES, LLC

Principal Place of Business	Mailing Address
4770 BISCAYNE BLVD. SUITE 140 MIAMI, FL 33137	4770 BISCAYNE BLVD. SUITE 140 MIAMI, FL 33137

11172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-2137430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHEJTMAN, ROSA 4770 BISCAYNE BLVD. SUITE 140 MIAMI, FL 33137	Name: AFRIAT, RAQUEL GRABLY Street Address (P.O. Box Number is Not Acceptable): 4770 BISCAYNE BLVD City: MIAMI FL Zip Code: 33137

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: AFRIAT, RAQUEL GRABLY 11/17/2008
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AFRIAT, RAQUEL GRABLY 4770 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9427 HARDING AV Surfside FL, 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHEJTMAN, ROSA 100 BAYVIEW DRIVE APT. # 1005 SUNNY ISLES BEACH, FL 33160	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ARC EN CIEL VOYAGES S.A.R.L. ZAC DE RIVIERE ROCHE FORT DE FRANCE, MQ 97200	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600132696518 12/24/08--01038--001 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHEJTMAN, ROSA 100 BAYVIEW DR SUNNY ISLES BEACH, FL 33160	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600132696518 12/24/08--01038--002 **5.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: AFRIAT, RAQUEL GRABLY 11/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #