2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# L08000024929

Entity Name: HOMELESS DESIGN LAB, LLC

Current Principal Place of Business:

1861 N POWERLINE RD
BAY D
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1861 N POWERLINE RD
BAY D
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 26-2216972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE ARRIBA, ARNOLDO M JR.
621 CYPRESS LAKE BLVD
APT D
POMPANO BEACH, FL 33064 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:	MIGLIACCIO, LUCIA	
Address:	620 CYPRESS CLUB WAY UNIT L	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	MGR	( ) Delete
Name:	VELASQUEZ, RICARDO J	
Address:	621 CYPRESS LAKE BLVD APT D	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	MGR	( ) Delete
Name:	DE ARRIBA, ARNOLDO M JR.	
Address:	621 CYPRESS LAKE BLVD APT D	
City-St-Zip:	POMPANO BEACH, FL 33064	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: LUCIA MIGLIACCIO MGR 01/31/2009

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