2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# L08000057227

Entity Name: TOSCANNA ORIGINALS LLC

Current Principal Place of Business:

4700 SW 67TH AVE.
P-17
MIAMI, FL 33155

New Principal Place of Business:

4706 SW 67TH AVE.
M-4
MIAMI, FL 33155 US

Current Mailing Address:

4700 SW 67TH AVE.
P-17
MIAMI, FL 33155

New Mailing Address:

4706 SW 67TH AVE.
M-4
MIAMI, FL 33155 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HANNA, TERESA L
4700 SW 67TH AVE.
P-17
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

ALAIMO-TOSCA, CAROL J
4706 SW 67TH AVE.
M-4
MIAMI, FL 33155 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: CAROL J. ALAIMO-TOSCA 04/18/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HANNA, TERESA L
Address: 4700 SW 67TH AVE. #P-17
City-St-Zip: MIAMI, FL 33155

Title: MGR (X) Delete
Name: ALAIMO-TOSCA, CAROL DR.
Address: 4706 SW 67TH AVE. #M-4
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: ALAIMO-TOSCA, CAROL J
Address: 4706 SW 67TH AVE. M-4
City-St-Zip: MIAMI, FL 33155 US

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: CAROL J. ALAIMO-TOSCA CEO 04/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date