

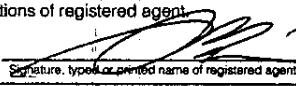
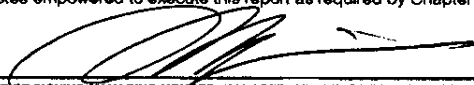


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90011 019 ****50.00

DOCUMENT # M03000001161					
1. Entity Name HELSEN'S LLC					
Principal Place of Business 7260 STIRLING RD SUITE #203 HOLLYWOOD, FL 33024			Mailing Address 7260 STIRLING RD SUITE #203 HOLLYWOOD, FL 33024		
2. Principal Place of Business 5764 MILES RD CORAL SPRINGS FL		3. Mailing Address 3671 TURTLE RUN BVD #1316			
Suite, Apt. #, etc. CORAL SPRINGS FL		Suite, Apt. #, etc. #1316			
City & State 33067 USA		City & State CORAL SPRINGS FL		07022004 Chg-LLC CR2E083 (10/03)	
Zip 33067		Country USA		4. FEI Number 01-0730806	
Zip 33067		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent XIA, V.Q. 7260 STIRLING RD SUITE #203 HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent	
				Name XIA, V.Q.	
				Street Address (P.O. Box Number is Not Acceptable) 3671 TURTLE RUN BVD #1316	
				City CORAL SPRINGS	
				State FL	
		Zip Code 33067			
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 				DATE 07/02/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM XIA, VIVIAN Q 7260 STIRLING RD SUITE #203 HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM XIA, VIVIAN Q 3671 TURTLE RUN BVD #1316 CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: XIA, V.Q. 				DATE: 07/02/04 DAYTIME PHONE: 954-822-4886	
Signature and typed or printed name of signing managing member, manager, or authorized representative				Date Daytime Phone #	