2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# M03000002089

Entity Name: VEGAS PARTY SUPPLY LLC

Current Principal Place of Business:

1602 S. CYRPESS RD.
POMPANO BEACH, FL 33060

New Principal Place of Business:

2677 FOREST HILL BLVD STE-102
WEST PALM BEACH, FL 33406

Current Mailing Address:

1602 S. CYRPESS RD.
POMPANO BEACH, FL 33060

New Mailing Address:

2677 FOREST HILL BLVD STE-102
WEST PALM BEACH, FL 33406

FEI Number: 04-3632235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIRA, LAURENCIO
1602 S. CYRPESS RD.
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

LIRA, LAURENCIO
2677 FOREST HILL BLVD. STE-102
WEST PALM BEACH, FL 33406 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: LAURENCIO LIRA 05/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LIRA, LAURENCIO
Address: 1602 S. CYRPESS RD.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LIRA, LAURENCIO
Address: 2677 FOREST HILL BLVD STE-102
City-St-Zip: WEST PALM BEACH, FL 33406

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: LAURENCIO LIRA MGRM 05/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date