## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000058760

Entity Name: LIVING LARGE, CORP

FILED Apr 25, 2008 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

13499 BISCAYNE BLVD

213 208

NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

13499 BISCAYNE BLVD 13499 BISCAYNE BLVD 208

NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181

FEI Number: 57-1236070 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FILGUEIRAS, JOANA
13499 BISCAYNE BLVD
APT.# 412
MIAMI, FL 33179 US

FILGUEIRAS, FABIO
1470 NE 123RD STREET
APT.# 805
NORTH MIAMI, FL 33161 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: FABIO FILGUEIRAS 04/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: FILGUEIRAS, JOANA Name: FILGUEIRAS, FABIO

 Address:
 13499 BISCAYNE BLVD APT.#412
 Address:
 1470 NE 123RD STREET # 805

 City-St-Zip:
 MIAMI, FL 33179
 City-St-Zip:
 NORTH MIAMI, FL 33161

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FILGUEIRAS, JOSE T
 Name:

 Address:
 13499 BISCAYNE BLVD #213
 Address:

 City-St-Zip:
 N. MIAMI, FL 33181
 City-St-Zip:

Title: DIRE ( ) Delete Title: DIRE (X) Change ( ) Addition

Name: FILGUEIRAS, FABIO L Name: FILGUEIRAS, JOANA L

Address: 13499 BISCAYNE BLVD #213 Address: 13499 BISCAYNE BLVD APT.#412

City-St-Zip: N. MIAMI, FL 33181 City-St-Zip: N. MIAMI, FL 33181

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIO FILGUEIRAS P 04/25/2008