

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 SEP 17 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L04000069850</b> 1. Entity Name <b>ARY MOISE LLC</b>	
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Principal Place of Business <b>5910 N.E. 6TH COURT MIAMI, FL 33137</b>	Mailing Address <b>5910 N.E. 6TH COURT MIAMI, FL 33137</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07242007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CORPORATE CREATIONS NETWORK INC 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>MOISE, ARY</b>	
STREET ADDRESS	<b>5910 N.E. 6TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>900109871229</b> 09/25/07--01008--012 **500.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* 9/13/07 9/19  
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