

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90013 031 \*\*\*\*55.00

<b>DOCUMENT # L01000009165</b>	
1. Entity Name <b>MAINSTAR AMERICA, LLC</b>	
Principal Place of Business <b>4250 NW 35 CT MIAMI FL 33142</b>	Mailing Address <b>4250 NW 35 CT MIAMI FL 33142</b>



2. Principal Place of Business <b>4250 N.W. 35 CT.</b>	3. Mailing Address <b>4250 NW. 35 CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)


City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33142</b>	Country <b>USA</b>
Zip <b>33142</b>	Country <b>USA</b>

4. FEI Number <b>65-1111098</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>FILLOY, JOSEPH M P.A. 100 N. BISCAYNE BLVD., SUITE 700 MIAMI FL 33132</b>	
7. Name and Address of New Registered Agent	
Name <b>DERHY FINANCIAL SERVICES LLC.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>99 N.West 183rd Street - SUITE 112.</b>	
City <b>NORTH MIAMI BEACH</b>	Zip Code <b>FL 33169</b>


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  (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete <b>HERNINIO BOTTA, ERNESTO 1756 NORTH BAYSHORE DRIVE APT. #70 MIAMI FL 33137</b>	TITLE <b>MGRM.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BOTTA, ERNESTO HERMINIO 999 - BRICKEL BAY DRIVE APT. 701 MIAMI - FLORIDA 33131 -</b>
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete <b>BOTTA, FRANCISCO ALBE 1756 NORTH BAYSHORE DRIVE APT. #70 MIAMI FL 33137</b>	TITLE <b>MGRM -</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BOTTA, PATRICIA MONICA VIOLA 999 - BRICKEL BAY DRIVE APT. 701 - MIAMI - FLORIDA 33131 -</b>
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete <b>VIOLA, PATRICIA MONIC 1756 NORTH BAYSHORE DRIVE APT. #70 MIAMI FL 33137</b>	TITLE <b>MGRM.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BOTTA, FRANCISCO ALBERTO 999 - BRICKEL BAY DRIVE APT. 701.</b>
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<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:  **MainStar America LLC**  
**4250 NW 35 Court**  
**Miami, FL 33142 USA**

Date: **07-14-2005** Daytime Phone #: **305-637-1127**