

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001832

FILED
Jul 15, 2005
Secretary of State

Entity Name: CAD TO GO, LLC

Current Principal Place of Business:

247 S.W. 8TH STREET #252
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

247 S.W. 8TH STREET #252
MIAMI, FL 33130

New Mailing Address:

FEI Number: 80-0029029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

CORDOVA, ANGEL D
780 N.W. 42 AVE. #416
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUTIERREZ, NICOLAS
Address: 1501 S.W 2ND AVE #2
City-St-Zip: MIAMI, FL 33129

Title: MGRM () Delete
Name: GUTIERREZ, ESTEBAN
Address: 1501 S.W 2ND AVE #2
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUTIERREZ, NICOLAS
Address: 1501 S.W 2ND AVE #1
City-St-Zip: MIAMI, FL 33129

Title: MGRM (X) Change () Addition
Name: GUTIERREZ, ESTEBAN
Address: 1501 S.W 2ND AVE #1
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICOLAS GUTIERREZ

MGRM

07/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date