

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90129 004 ****50.00

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| DOCUMENT # L02000009688 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name IDENTIDAD ADVERTISING DEVELOPMENT LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 12314 SW 132 CT. MIAMI, FL 33186 | | | Mailing Address 12314 SW 132 CT. MIAMI, FL 33186 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 13200 SW 128 Street Suite, Apt. #, etc. 13-1 City & State Miami, FL Zip 33186 Country | | 3. Mailing Address 13200 SW 128 Street Suite, Apt. #, etc. 13-1 City & State Miami, FL Zip 33186 Country | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04252004 Chg-LLC CR2E083 (10/03) | | | | 4. FEI Number 14-1842480 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent SANCHEZ, GABRIEL 12314 SW 732 COURT MIAMI, FL 33186 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 13200 SW 128 Street Suite 13-1 City Miami FL Zip Code 33186 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 GABRIEL SANCHEZ 04/28/04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: GABRIEL SANCHEZ 04/28/04 7862522224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |