

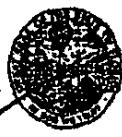
# LO2000009688

LO2000009688

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO2000009688

1. Entity Name  
Identical Advertising Developmen LLC



DO NOT WRITE IN THIS SPACE

44003949

2. Principal Place of Business <b>Miami (USA)</b> Suite, Apt. #, etc.		3. Mailing Address <b>12314 SW 132 Ct</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33186</b>	Country <b>USA</b>	Zip <b>33186</b>	Country <b>USA</b>
		4. FEI Number <b>1A-1842480</b>	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent Name <b>Gabriel Sanchez</b> Street Address (P.O. Box Number Is Not Acceptable) <b>12314 SW 132 Ct</b>			
City <b>Miami</b> FL Zip Code <b>33186</b>			
7. 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: <b>Gabriel Sanchez</b> Signature, typed or printed name of registered agent and date if applicable <b>06/05/03</b> DATE			
8. Payment Method Check/Payable To: Florida Department of Revenue DUE BY MAY 15, 2003 AMOUNT DUE: \$5.00			

B. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Antonio Gonzalez</b> 12314 SW 132 Ct Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Ricardo Alvarez</b> 12314 SW 132 Ct Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Maria Paulina Merced</b> 12314 SW 132 Ct Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of trustees empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *Gabriel Sanchez* Date: **June 3/03** 305  
Signature and Type or Printed Name of Managing Member, Manager, or Authorized Representative

CR2E03B (12/02)

03 JUN 11 AM 11:15  
DIVISION OF CORP STATISTICS  
STATE OF FLORIDA  
DO