


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000021216**

1. Entity Name  
KIRA, LLC



Principal Place of Business 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326	Mailing Address 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0479947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ILEANA ARIAS TOVAR, ESQ.  
WESTON TOWN CENTER  
1725 MAIN STREET, SUITE 205  
WESTON, FL 33326

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting)

**Filing Fee is \$50.00  
Due by May 1, 2005**

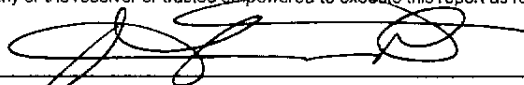
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04/25/05-80138-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, CIRO 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, ROSA 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBACETE, ALFONSO 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANZOLA, FRANCISCO 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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:**  **4/22/05** **954 399-6161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #