


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000027308  
 1. Entity Name  
 CANARY, LLC



Principal Place of Business  
 354 SEVILLA AVE  
 CORAL GABLES, FL 33134

Mailing Address  
 C/O H. CEBALLOS  
 354 SEVILLA AVE  
 CORAL GABLES, FL 33134



**DO NOT WRITE IN THIS SPACE**

04272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number  
 20-1547707

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSS, A. ESQ  
 782 NW 42 AVENUE, STE. 448  
 MIAMI, FL 33126

**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 reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCISCO, VALTER RUA SAO DOMINGO SAVIO 137-ED HN #11 SAO PAULO, BRASIL, CP 05455040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CEBALLOS, HAYDEE 354 SEVILLA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000243922  
 04/29/05-80112-025 50.00

**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: Haydee Ceballos HAYDEE CEBALLOS 4/27/05 305 448-5255

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

DS