## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000011307** 

## FILED Apr 07, 2004 8:00 am Secretary of State 04-07-2004 90348 043 \*\*\*\*50.00

1. Entity Name CONFIAR, LLC							
Principal Place	e of Business	Mailing Address		<u> </u>	24036458		
11890 SW 8TH STREET PENTHOUSE 7		11890 SW 8TH STREET PENTHOUSE 7					
MIAMI, FL. 33184		MIAMI, FL 33184				44 100001 444 1001	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222004 Chg-LLC CR2E083 (10/0	33)	
City & State		City & State			4. FEI Number	Applied For	
Only & State		City & clase			20-0017918	Not Applicable	
Zip	Country	Zip	Zip Country		_5. Certificate of Status Desired Fee Req	Additional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
CONTALET MADIA F				Name .			
GONZALEZ, MARIA E 14050 BISCAYNE BLVD # 602				Street Address (P.O. Box Number is Not Acceptable)			
NORTH M	IAMI BEACH, FL 33181	PENTH		PENTHO	se 7		
0				City TI 14+LI	FL 多	01-84	
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							
signations of registered Agent.  Narith Evidential Control of Mark South Control of South C							
SIGNATURE Signature, typed or printing name of registered agely and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
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The War Filing Fee is \$50.00 for the by May 1, 2004				e 1	Make check payable Florida Department of S	Anchinentarion commonativi accidi	
9.	MANAGING MEMBI		10.		ADDITIONS/CHANGES		
TITLE NAME	MGRM GONZALEZ, MARIA E	☐ Delete	TITL NAM	_	<b>⊠</b> Chan	· -	
STREET ADDRESS	ADDRESS 4550 MERCEDES				70 SW 8 th street Perthonse	ا ر.	
CITY-ST-ZIP	BUENOS AIRES, CF ARGENTI	<del></del>	+		me R 33134		
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STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP.	certify that the information supplied wit	h this filling draw not qualify for	45	r-ST-ZIP	ection 119 07(3Vi). Florida Statutes / further cartify that	he information	
11. Thereby certify that the information supplied with this filling gots 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 flability company or the receiver oversitee empowersh to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: * MARIN EUGENIA GONZALEZ /03/51/04 786-336-0579							
SIGNATURE: AND TYPED OR PRINTED TRANSCORES SIGNING MANAGING MEMBER, MEMBER, MANAGING MEMBER, MEMBER, MEMBER, MEMBER, MEMBER, MEMBER, MANAGING MEMBER, MEMBER, M							