

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017493

FILED
Jul 08, 2004
Secretary of State

Entity Name: AMT, LLC

Current Principal Place of Business:

2029 N.W. 87TH AVENUE
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

2029 N.W. 87TH AVENUE
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 01-0782650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILLERMO, PENA
1101 BRICKELL AVENUE
SUITE 1801
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: OLIVA, DAVID
Address: 2029 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: MGRM () Delete
Name: PENA, GUILLERMO
Address: 2029 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: MGRM () Delete
Name: ESCARAZA, ALBERTO
Address: 2087 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: MGRM (X) Delete
Name: TREJO, DELIO
Address: 2029 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TREJO, DELIO
Address: 2087 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID OLIVA

MGRM

07/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date