


**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L03000043235

1. Entity Name  
 EMAC AMERICA, LLC



40046615

Principal Place of Business  
 1390 BRICKELL AVE., STE. 200  
 MIAMI, FL 33131

Mailing Address  
 1390 BRICKELL AVE., STE. 200  
 MIAMI, FL 33131



2. Principal Place of Business  
 2818 N.W. 112 Avenue  
 Suite, Apt. #, etc.

3. Mailing Address  
 2818 N.W. 112 Avenue  
 Suite, Apt. #, etc.

02282005 Chg-LLC CR2E083 (10/03)

City & State  
 Miami, Florida

City & State  
 Miami, Florida

Zip Country Zip Country

4. FEI Number  
 20-0378967

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

AGRAMUNT, LUIS  
 1390 BRICKELL AVE., STE. 200  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name  
 Rafael Palop

Street Address (P.O. Box Number is Not Acceptable)

2818 N.W. 112 Avenue

City  
 Miami, FL Zip Code  
 33172

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 *Rafael Palop* DATE 3-24-05

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

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOIX-EMI- 1390 BRICKELL AVE STE 200 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMAC Complementos, S.L. 2818 N.W. 112 Avenue Miami, Florida 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Juan Jose Boix Martinez* EMAC Complementos, S.L. 3-24-05 (305) 371-5540

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