


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90019 048 ****50.00

DOCUMENT # L05000001362						
1. Entity Name DIKASA, LLC						
Principal Place of Business 8910 S.W. 80TH TERRACE MIAMI, FL 33173-4188			Mailing Address 8910 S.W. 80TH TERRACE MIAMI, FL 33173-4188			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number		
				01272006 Chg-LLC CR2E083 (11/05)		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DIVO, ERNESTO A 8910 S.W. 80TH TERRACE MIAMI, FL 33173-4188				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				FL	Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. MGRM ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI-DIVO, MARISOL 8910 S.W. 80TH TERRACE MIAMI, FL 331734188	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANYELLE BILGERE 3352 BROADWAY BLVD. -SUITE 468 GARLAND, TX 75043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALGADO, ANGEL E 14363 SW 97TH TERRACE MIAMI, FL 33186	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained in Chapter 119, 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: <u>Marisol Boschetti Divo</u>				Date: <u>01/27/06</u> Daytime Phone #: <u>305-271-7290</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						

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