

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021259 1. Entity Name ALESSANDRI & ASSOCIATES, LLC	
--	---

Principal Place of Business 1614 PENNSYLVANIA AVENUE 2F MIAMI BEACH, FL 33139 US	Mailing Address C/O SUAREZ, CEBALLOS & ORTIZ 354 SEVILLA AVE MIAMI, FL 33134 US
---	--



02032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 14-1843881	Applied For Not Applicable
-----------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALESSANDRI, MICHAEL PH.D.
1614 PENNSYLVANIA AVENUE
2F
MIAMI BEACH, FL 33139

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

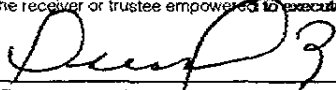
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALESSANDRI, MICHAEL 1614 PENNSYLVANIA AVE 2F MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRADOS, LUIS 1614 PENNSYLVANIA AVE 2F MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000114706
04/15/04-80061-012 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:



4.13.04 305-582-7850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #