

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90449 010 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000024973

1. Entity Name

SUPERTINO INVESTMENTS LLC



24049691

Principal Place of Business

% SOFIA POWELL-COSIO
1900 S.W. 3RD AVENUE
MIAMI FL 33129

Mailing Address

% SOFIA POWELL-COSIO
1900 S.W. 3RD AVENUE
MIAMI FL 33129



MOORE CR2E098 (11/03)
48-128 7049

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number:

AP-PLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL-COSIO, SOFIA
1900 S.W. 3RD AVENUE
MIAMI FL 33129

7. Name and Address of New Registered Agent

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

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

(NOTE: Papered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGR
SUPERTINO, SERGIO A
1900 S. W. 3RD AVENUE
MIAMI FL 33129

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGR
NASIF, GABRIELA N
1900 S.W. 3RD AVENUE
MIAMI FL 33129

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change

Addition

11. I hereby certify that the information supplied with this filing 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.

PLEASE SIGN

SIGNATURE:

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

Date

Daytime Phone #