

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018300

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: LIBRERIA PAPELERIA MOLINO, LLC

## Current Principal Place of Business:

1408 OBISPO AVENUE  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2300 W. 80TH STREET  
UNIT # 6  
HIALEAH, FL 33016

## Current Mailing Address:

1408 OBISPO AVENUE  
CORAL GABLES, FL 33134

## New Mailing Address:

2300 W. 80TH STREET  
UNIT # 6  
HIALEAH, FL 33016

FEI Number: 20-0024269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

BENITEZ, SONIA O  
2000 PONCE DE LEON 6TH FLOOR  
CORAL GABLES, FL 33134 US

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: SONIA BENITEZ CPA

04/30/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: HALL, OSCAR LUIS  
Address: 14 CALLE B 12-40 ZONA 10 OAKLAND EDIFICIO  
City-St-Zip: 6TO NIVEL GUATEMALA,

Title: MGRM ( ) Delete  
Name: DE CRUZ, PATRICIA A  
Address: 17 AV 1-13 ZONA  
City-St-Zip: 15 MINERVA VH1,

Title: MGRM ( ) Delete  
Name: DE ASTURIAS, HILDA  
Address: 14 CALLE B 12-40 ZONA 10 OAKLAND EDIFICION  
City-St-Zip: 6TO NIVEL GUATEMALA,

Title: MGRM ( ) Delete  
Name: ASTURIAS, OSCAR ROBERTO  
Address: 17 AV 2-13 ZONA 15 MINERVA  
City-St-Zip: VH1 GUATEMALA,

Title: MGRM ( ) Delete  
Name: DE LEON, ROBERTO CRUZ  
Address: 17 AV. 2-13 ZONA 15 MINERVA  
City-St-Zip: VH1 GUATEMALA,

## ADDITIONS/CHANGES:

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

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

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

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

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: PATRICIA ASTURIAS

MGRM

04/30/2004

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