

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90004 008 ****50.00

DOCUMENT # L01000017254

1. Entity Name
AMIA, L.L.C.



Principal Place of Business
6401 SW 87 AVE
STE 202
MIAMI, FL 33173

Mailing Address
6401 SW 87 AVE
STE 202
MIAMI, FL 33173



2. Principal Place of Business
Corona Commercial Plaza

3. Mailing Address
PO Box 363148

Suite, Apt. #, etc.
Progreso St. #54

Suite, Apt. #, etc.
 (blank)

04292004 Chg-LLC CR2E083 (10/03)

City & State
Santurce, PR

City & State
San Juan, PR

4. FEI Number
65-1144925

Applied For
 Not Applicable

Zip
00909

Country
PR

Zip
00936-3148

Country
PR

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

6. Name and Address of Current Registered Agent

FIGUEROA, RONALDO R
6401 SW 87 AVE
STE 202
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name
MJF Resident Agent Corp.

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

City
Coral Gables, FL

Zip Code
33134-6006

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 *Ronald Figuera* *Res* *4/30/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	FIGUEROA, RONALDO R	6401 SW 87 AVE STE 202	MIAMI, FL 33173	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Vice-President & Manager	Antonio J. Muñoz	Sierra Alta, 15 - 1 St.	San Juan, PR 00926	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer & Manager	Armando A. Muñoz	La Sierra del Río, P-12, 4 St.	San Juan, PR 00926	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Antonio J. Muñoz* **Antonio J. Muñoz** **4-29-04 (787) 729-0050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #