


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2005 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
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03012005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1843881	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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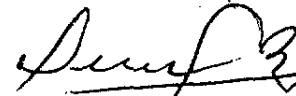
**Filing Fee is \$50.00
Due by May 1, 2005**

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
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03/05/05-80032-011 55.00

**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)(f), 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:  **LUIS GRADOS** 3/1/05 305 582 7850