


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000028037</b> 1. Entity Name COSTA RICA MEDIREP, L.L.C.	
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Principal Place of Business 48 EAST FLAGLER ST., PH-105 MIAMI, FL 33131	Mailing Address 48 EAST FLAGLER ST., PH-105 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSKOVITZ, DANIEL ESQ.  
48 EAST FLAGLER ST., PH-104  
MIAMI, FL 33131

**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 file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASERSTEIN, ISAAC 48 E FLAGLER ST., #1041 MIAMI, FL 33131
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04/14/05-80053-013 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: \_\_\_\_\_

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

Date

Daytime phone

4/12/05 3057774924