

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90109 027 *****55.00

DOCUMENT # L00000002453

1. Entity Name
3200 NORTH MIAMI AVENUE, LLC



Principal Place of Business
713 NE 26TH AVE
HALLANDALE, FL 33009

Mailing Address
C/O GALUSTYANTS
713 NE 26TH AVE
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE



04072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0987513

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALUSTYANTS, BELLA
~~Galustyants~~
1835 E. Hallandale Bch, Blvd #339
Hallandale, Florida 33009

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GALUSTYANTS, BELLA
STREET ADDRESS	713 NE 26TH AVE
CITY- ST- ZIP	HALLANDALE, FL 33009

~~Galustyants~~
1835 E. Hallandale Bch, Blvd #339
Hallandale, Florida 33009

TITLE	MGRM
NAME	BOULMAROUF, NAZHIA
STREET ADDRESS	22 SARATOGA DRIVE
CITY- ST- ZIP	JERICHO, NY 11753

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: *Bella Galustyants*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-05

305-606-4673