

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010840	
1. Entity Name CISA, LLC	



Principal Place of Business 4831 NW 99 CT MIAMI, FL 33178	Mailing Address 4831 NW 99 CT MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1040398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORNEJO, DANIEL 4831 NW 99 CT MIAMI, FL 33178	
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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 _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CORNEJO, DANIEL O 4831 NW 99 CT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REBOUDENGO, ENRIQUE 4831 NW 99 CT MIAMI, FL 33178
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03/18/04-80041-002 50.00

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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: [Signature] 1-24-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____