


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013098**  
 1. Entity Name  
**COMACO, L.L.C.**



Principal Place of Business <b>18514 W. DIXIE HIGHWAY MIAMI, FL 33180</b>	Mailing Address <b>18514 W. DIXIE HIGHWAY MIAMI, FL 33180</b>
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**DO NOT WRITE IN THIS SPACE**



01122004No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0049391</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**JACOBS, ERIC A P. A.  
 12550 BISCAYNE BLVD. #405  
 MIAMI, FL 33181**

**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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICASSO CLOTHING CARE INC. 18514 W. DIXIE HIGHWAY MIAMI, FL 33180
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100000005331  
 01/15/04-80001-018 50.00

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  DATE **1/12/04** Daytime Phone # **305 936-0558**