2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # L00000014777 • 1. Entity Name COLUMBIA IMPEX, L.C. Mailing Address Principal Place of Business 6073 NW 167 ST. 6073 NW 167 ST. MIAMI FL 33015 **MIAMI FL 33015** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 65-1064157 Not Applical Ζip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILLANUEVA, RUBEN 6073 NW 167 ST. #C14 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33015 City Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE HILE ☐ Defete ☐ Change Additi CICUSA INC FIAT SE NAME STREET ADDRESS 6073 NW 167 ST. #C14 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Change Addilia NAME NAME U00000327515 STREET ADDRESS STREET ADDRESS 04/25/05-80041-011 50.00 CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7P TITLE Delete nne ☐ Change ☐ Addilk NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete 11115 ☐ Change ☐ Additic NAME STREET ACCRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Additic NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-7/P 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.