


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90010 039 \*\*\*\*55.00

<b>DOCUMENT # L01000001913</b>	
1. Entity Name AUDITAR INT'L LLC	

Principal Place of Business <del>10268 NW 56 ST., STE 507</del> <del>MIAMI, FL 33166</del> <b>6355 NW 36 ST # 507</b> <b>MIAMI FL 33166</b>	Mailing Address <del>10268 NW 56 ST., STE 507</del> <del>MIAMI, FL 33166</del>
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04132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3652762	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MALDONADO, JOSE J 10268 NW 56 ST., STE 507 MIAMI, FL 33166
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**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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALDONADO, JOSE J <del>10268 NW 56 ST., STE 507</del> <del>MIAMI, FL 33166</del> <b>6355 NW 36 ST # 507</b> <b>MIAMI FL 33166</b>
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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)(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 # \_\_\_\_\_