LIMITED LIABILITY COMPANY

FILED Apr 09, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # L010000	04732				04-09-2003 90044 014 ****50.00			
	DO NOT WRIT	E IN THIS S	SPAC	E		300	5213'	7	
Principal Place of Business 3. Mailing Address									
2588 SW 27TH AVE Suite, Apt. #, etc.		2588 SW 27TH Suite, Apt. #, etc.	2588 SW 27TH AVE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State MIAMI, FL		City & State	City & State MIAMI, FL			4. FEI Number 651144047 Applied For			
Zip Country		Zip			5. Certificate of St			Not Applicable Additional	
33133	33133 U.S. 33133		0.5.	7. Name and Address of Current Registered Agent			luired		
DO NOT WRITE				Name AN	ITONIO GARCIA				
					ess (P.O. Box Number is I	Not Acceptable)			
IN THIS SPACE			:	2588 SV	V 27TH AVE.				
			•	City MIAMI			FL Zip Code 33133		
8. The above	named entity submits this statemen	t for the purpose of changing	its register						
the obligat	ions of registered agent.	, , ,		•	•	4/11/02			
SIGNATURE .	Signature, uped of frinted name of registered ag	ent and title if applicable.					TE		
	V	Make Check Pay		\$50.00 orida Depar MAY 1	tment of State			, ,	
9.	MANAGING MEM	BERS/MANAGERS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALACIOS, ENRIQUE 1341 CROSSBILL CT., WESTON, FL 33327					•	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALACIOS, SILVIA 1341 CROSSBILL CT., WESTON, FL 33327			ET ADDRESS -ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS -CITY-ST ZIP				-1	DO	NOT WE	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1	IN 7	THIS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- 2						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	- 1					
11. I hereby of indicated	certify that the information supplied von this report is true and accurate a	vith this filing does not qualify nd that my signature shall ha	for the exer	nption stated legal effect a	in Section 119.07(3)(i), Flo s if made under oath; that	rida Statutes. I further I am a managing me	certify that t	he information nager of the	

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

Daytime Phone #