


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006950 1. Entity Name GOZAR, L.C.	
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Principal Place of Business 8405 NW 53 ST., C-102 MIAMI, FL 33166	Mailing Address 8405 NW 53 ST., C-102 MIAMI, FL 33166
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04142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100016	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, ANTONIA 1091 GOLDEN CANE DR WESTON, FL 33327

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, BELEN MARIA DE 8405 N.W. 53 STREET, #C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, SILVIA 8405 N.W. 53 STREET, #C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TORRES, GUMERSINDO 8405 N.W. 53 STREET, #C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, TEODORO 8405 N.W. 53RD STREET, #C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000363002
05/05/05-80139-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: 	ANTONIO TORRES R.A.	4/29/05 (2005) 894-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #