

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006950

Entity Name: GOZAR, L.C.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

8405 NW 53 ST., C-102
MIAMI, FL 33166

New Principal Place of Business:

8405 NW 53 ST., B-220
MIAMI, FL 33166

Current Mailing Address:

8405 NW 53 ST., C-102
MIAMI, FL 33166

New Mailing Address:

8405 NW 53 ST., B-220
MIAMI, FL 33166

FEI Number: 65-1100016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, ANTONIA
1091 GOLDEN CANE DR
WESTON, FL 33327 US

Name and Address of New Registered Agent:

TORRES, ANTONIO
1091 GOLDEN CANE DR
WESTON, FL 33327 US

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.

SIGNATURE: ANTONIO TORRES

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TORRES, BELEN MARIA DE
Address: 8405 N.W. 53 STREET, #C-102
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: TORRES, SILVIA
Address: 8405 N.W. 53 STREET, #C-102
City-St-Zip: MIAMI, FL 33166

Title: PD () Delete
Name: TORRES, GUMERSINDO
Address: 8405 N.W. 53 STREET, #C-102
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: TORRES, TEODORO
Address: 8405 N.W. 53RD STREET, #C-102
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TORRES, BELEN MARIA DE
Address: 8405 N.W. 53 STREET, #B-220
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Change () Addition
Name: TORRES, SILVIA
Address: 8405 N.W. 53 STREET, #B-220
City-St-Zip: MIAMI, FL 33166

Title: PD (X) Change () Addition
Name: TORRES, GUMERSINDO
Address: 8405 N.W. 53 STREET, #B-220
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Change () Addition
Name: TORRES, TEODORO
Address: 8405 N.W. 53RD STREET, #B-220
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TORRES, ANTONIO

RA

04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date