

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006950

Entity Name: GOZAR, L.C.

FILED  
Apr 16, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-1100016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

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

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/16/2008

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