

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006950

Entity Name: GOZAR, L.C.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

10900 NW 21ST STREET
UNIT 190
MIAMI, FL 33172

Current Mailing Address:

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

New Mailing Address:

10900 NW 21ST STREET
UNIT 190
MIAMI, FL 33172

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: MGR (X) Change () Addition
Name: TORRES, BELEN MARIA DE
Address: 10900 NW 21ST STREET UNIT 190
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Change () Addition
Name: TORRES, SILVIA
Address: 10900 NW 21ST STREET UNIT 190
City-St-Zip: MIAMI, FL 33172

Title: PD (X) Change () Addition
Name: TORRES, GUMERSINDO
Address: 10900 NW 21ST STREET UNIT 190
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Change () Addition
Name: TORRES, TEODORO
Address: 10900 NW 21ST STREET UNIT 190
City-St-Zip: MIAMI, FL 33172

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: ANTONIO TORRES

RA

04/14/2009

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