

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007042

FILED
Apr 30, 2004
Secretary of State

Entity Name: DISTRICT LAB LLC

Current Principal Place of Business:

1819 WEST AVE
#3
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

PO BOX 832137
MIAMI, FL 332832137

New Mailing Address:

FEI Number: 65-1099834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLETE CORPORATE SERVICES, INC.
915 MIDDLE RIVER DR #410
FORT LAUDERDALE, FL 33304

Name and Address of New Registered Agent:

COMPLETE CORPORATE SERVICES, INC.
7730 SW 68 TR
MIAMI, FL 33143

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: A. BALLESTAS, PRES.

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRV () Delete
Name: BALDO, ANTONIO
Address: 150 ALHAMBRA CIRCLE SUITE 1270
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRP () Delete
Name: GURRUCHAGA, IGNACIO
Address: 1819 WEST AVE #3
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BALDO, ANTONIO
Address: 1819 WEST AVE #3
City-St-Zip: MIAMI, FL 33139

Title: MGRM (X) Change () Addition
Name: GURRUCHAGA, IGNACIO
Address: 1819 WEST AVE #3
City-St-Zip: MIAMI, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IGNACIO GURRUCHAGA

MGRM

04/30/2004

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