




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90059 001 ****50.00

DOCUMENT # L01000007682 1. Entity Name EDOS LIMITED LIABILITY COMPANY					
Principal Place of Business 7233 NW 113 CT MIAMI, FL 33178			Mailing Address 7233 NW 113 CT MIAMI, FL 33178		
2. Principal Place of Business 7233 NW 113 CT Suite, Apt. #, etc.		3. Mailing Address 7233 NW 113 CT Suite, Apt. #, etc.			
City & State MIAMI, FL Zip 33178		City & State MIAMI, FL Zip 33178		4. FEI Number 65-1105006	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLIEGRO, EDUARDO 7233 NW 113 CT MIAMI, FL 33178				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u></u> EDUARDO ALLIEGRO (P) <u>04/21/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P NAME ALLIEGRO, EDUARDO STREET ADDRESS 7233 NW 113 CT CITY - ST - ZIP MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE P NAME ALLIEGRO, EDUARDO STREET ADDRESS 7233 NW 113 CT CITY - ST - ZIP MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ALLIEGRO, EDMUNDO STREET ADDRESS 7233 NW 113 CT CITY - ST - ZIP MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DIAZ, DIEMA STREET ADDRESS 7233 NW 113 CT CITY - ST - ZIP MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u></u> EDUARDO ALLIEGRO (P) <u>04/21/04</u> 8453860 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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