2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007682

Entity Name

EDOS LIMITED LIABILITY COMPANY



FILED Apr 25, 2005 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

7233 NW 113 CT. MIAMI, FL 33178 7233 NW 113 CT. MIAMI, FL 33178



DO NOT WRITE IN THIS SPACE

04222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1105006 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLIEGRO, EDUARDO 7233 NW 113 CT MIAMI, FL 33178

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The above nan	ned 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.		, ,
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		EDUARDO ALLIZORA	04 22/05

(NOTE Registered Agent signature required whith reinstating)

Filing Fee is \$50.00 Due by May 1, 2005 U00000329819 04/25/05-80133-010-50.00

9. MANAGING MEMBERS/MANAGERS
TITLE P

Signature, typed or printed name of registered agent and title if applicable

NAME ALLIEGRO, EDUARDO 7233 NW 113 CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 STREET ADDRESS CRY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FOUNCES ALLIEGED

(२)

04/22/05

(36) 319 045

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING HANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Osytime Ph