


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000007682 1. Entity Name EDOS LIMITED LIABILITY COMPANY	
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Principal Place of Business 7233 NW 113 CT. MIAMI, FL 33178	Mailing Address 7233 NW 113 CT. MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



05082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1105006	Applied For <input type="checkbox"/> Not Applicable
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

**DO NOT WRITE
IN THIS SPACE**

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  **04/29/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLIEGRO, EDUARDO 7233 NW 113 CT. MIAMI, FL 33178
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U00000571512
07/20/06-80013-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **04/29/06 786)8453860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #