

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


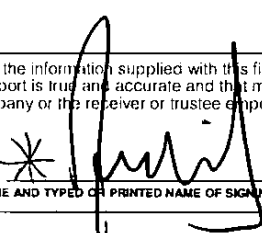
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Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90348 010 ****50.00

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02282005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000010940			
1. Entity Name ACQUAINT, LLC			
Principal Place of Business 210 PENNY STREET HALLANDALE, FL 33009		Mailing Address 210 PENNY STREET HALLANDALE, FL 33009	
2. Principal Place of Business 2234 NW 2nd Av Suite, Apt. #, etc. MIAMI, FL 33127		3. Mailing Address 2234 NW 2nd Av Suite, Apt. #, etc. MIAMI, FL 33127	
4. FEI Number 65-1124548		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SCIGLIANO, JORGE 210 PENNY STREET HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 2234 NW 2nd Av MIAMI, FL FL 33127	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORGE RAUL SCIGLIANO 210 PENNY STREET HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2234 NW 2nd Av MIAMI-FL 33127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABIAN JORGE TOBIAS 210 PENNY STREET HALLANDALE, FL 33009 <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
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: 		Date _____ Daytime Phone # _____	