2005 LIMITED LIABILITY COMPANY

FILED May 02. 2005 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCU	MENT # L010000	12913		Secreta	ly of State	
1. Entity Name E-SYNTHESIS, LLC						
L-STN11	ILOIG, LEO					
	ce of Business	Mailing Address				
9520 SW40 SUTE 208	JIHST,	9520 SM40THST. SUTE208				
MAM, FL. 3	13165 US	MAM, FL 33165 US		1 importante mert Merkalt timit manter andlir manter andim	L eswism almini inisacs esmaini resmans asl lumbs	
	•		P)			
DO NOT WRITE IN THIS SPA			ACE		CR2E083 (10/03)	
				4. FEI Number 65-1127484	Applied For Not Applicable	
:				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent			+ ee Aequieu	
DANILO.	JOSE V			DO NOT WO	ITE	
9520 SW 40TH ST. SUITE 208				DO NOT WRITE		
MIAMI, FL 33165				IN THIS SPACE		
			1			
	named entity submits this statementions of registered agent.	nt for the purpose of changing its regi	stered office or registe	red agent, or both, in the State of Florida.	I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered a	gent and little it applicable (NOTE Reci	istered Agent signature require	d when minstering	DAJE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005	<u> </u>	***************************************	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
9.	Managing men	MBERS/MANAGERS				
TITLE NAME	MGR JOSE VARGAS, DANILO					
STREET ADDRESS	9520 SW 40TH ST.					
CITY-ST-ZIP	MIAMI, FL 33165	· · · · · · · · · · · · · · · · · · ·	is *	U000003	56059	
TITLE NAME				05/04/05-8	0021-003 50.00	
STREET ADDRESS						
CITY-ST-ZIP				-		
NAME						
STREET ADDRESS CITY-ST-ZIP				DO NOT WR	ITE	
TITLE		<u></u>	· -	IN THIS SPA		
NAME STREET ADDRESS		•		IN THIS SPA	CE	
STREET ADDRESS CITY-\$T-ZIP						
TITLE		·				
NAME Street Address			1			
CITY-ST-ZIP		The second of th		e or e		
TITLE NAME			1			
INCREASE.	1					

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 sid 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 of the series of the secure this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: DANILO JOSE VARGAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

305-550-0335 4/29/05 Date *\$05-519-9909* Daytime Phone #