


FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90147 049 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000013093

1. Entity Name
LOSARGEN, LLC



Principal Place of Business
GUSTAVO JAIME WENGROVSKI
13935 NW 1ST AVE.
MIAMI, FL 33168

Mailing Address
GUSTAVO JAIME WENGROVSKI
13935 NW 1ST AVE.
MIAMI, FL 33168

2. Principal Place of Business
2801 PONCE DE LEON BLVD.

3. Mailing Address
2801 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
290



CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES

City & State
CORAL GABLES

Zip
33134

Country
USA

4. FEI Number
65-1127349

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
PEREZ, BEHAR & ASSOCIATES, PA
13935 NW 1ST AVE.
N. MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name
JULIO E. FERNANDEZ, CPA

Street Address (P.O. Box Number is Not Acceptable)
2801 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE 290

City
CORAL GABLES

State
FL

Zip Code
33134

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 *Julio E. Fernandez CPA* DATE 03/14/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	WNGROOSKI, GUSTAVO J	13935 NW 1ST AVE	MIAMI, FL 33168	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	WENGROVSKI, GUSTAVO J.	2801 PONCE DE LEON BLVD, SUITE 290	CORAL GABLES, FL 33134-6924	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/> Change	<input type="checkbox"/> Addition
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"/> 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: *Julio E. Fernandez CPA* **JULIO E. FERNANDEZ PA** DATE: 3/13/03 DAYTIME PHONE #: 305 448 5721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)