2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED May 03, 2004 08:00 AM Secretary of State

	ANNOAL	KEFOKI			_		00, 2001	
1. Entity Name	MENT # L010000162 CA CONSULTING, LLC			Secretary of State				
Principal Place	e of Business	Mailing Address		<u> </u>	7			
6401 SW 87		6401 SW 87TH AVE.			1			
SUITE 202		SUITE 202			1			
MIAMI, FL 33173		MIAMI, FL 33173			A PERMITE OF THE	Berni filili esili nalii na	ril Nasasi Nasa alitta katik kamili k	EEE 1 (M. 4887
6 Driveral D	land of Physiana	2 Mailing Address						
z. Principal P	lace of Business	3. Mailing Address) I AMPARANT AND	SOURT MANY BERN KENN KE	iil quidi tidid biilk iibid iaild i	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Numbe		TA	pplied For
				65-113	8492	N	ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	☐ \$5.00 Ad Fee Require	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent				
				Name				
FIGUEROA, RONALDO R 6401 SW 87TH AVE. SUITE 202 MIAMI, FL 33173				Street Address (P.O. Box Number is Not Acceptable)				
							 -5:	
			City				FL Zip Coo	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or registe	erad agent, or bo	th, in the State of Fi	orida. I am familiar with	, and accept
SIGNATURE	Signature, typed of printed name of registered agent at	nd title if applicable. (NOT	E. Register	ed Agent signature require	ed when reinstating)		DATE	
Filing Foe is \$50.00 Due by May 1, 2004							ke check payable to la Department of Sta	te
9.	MANAGING MEMBER		10.			ADDITIONS	/CHANGES	
TITLE	MGR	☐ Defete			Change Addition			
NAME	RONALDOR, FIGUEROA		NA.			112 - 11		t m
STREET ADDRESS	6401 SW 87TH AVE.			EET ADDRESS		, , , , , , , , , , , , , , , , , , ,	., 1=1.	. s · · · · · · ·
CITY-SI-ZIP	MIAMI, FL 33173		CIT	Y-ST-ZIP		·		
ππε		☐ Delete	חול				☐ Change	☐ Addition
NAME			NA	i i				
STREET ADDRESS Caty-St-Zip				EET ADDRESS Y-St-zip				
		☐ Delete	1(1)				☐ Change	☐ Addition
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CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ Delete	717	LE T			☐ Change	☐ Addition
NAME	Ĭ		NAI	·			_ •	-
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CITY-ST-ZIP			СП	Y-ST-ZIP				
TITLE		Delete	TIT				☐ Change	Addition 🔲
NAME			NA	ME.				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	}			ry-st-zip				
11. I hereby	certify that the information supplied with	this filing does not qualify for	or the ex	emption stated in S	Section 119.07(3)	(i), Florida Statutes	. I further certify that the	information
مقدحة ا	d on this report is true and accurate and ability company or the receiver or trustee	that are consisters chall back	tha can	na lamal affact ac if	made under net	n that I am a man:	aging member or mana;	ger of th e
	admity company of the receiver of desicy				•	1 1	-	
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