2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016327

1. Entity Name LAZZADAS, LLC



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

7233 N.W. 113 CT. MIAMI, FL 33178

SIGNATURE

Mailing Address

7233 N.W. 113 CT. MIAMI, FL 33178



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired S5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

FLORIDA CORPORATE REGISTERED AGENTS, INC. 8180 N.W. 36 ST., SUITE 230 MIAMI, FL 33166

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 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.	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 May 1, 2004			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM INVERSIONES AYURVEDA CA CALLE LA GUARITA EL CAFETAL APARTADO, 1061, CARACAS,	į	U00306128820 34/26/84-80053-011 50.00
TITLE NAME STREET ADDRESS CITY-ST ZIP	MGRM EDOS, LLC 7233 N.W. 133 CT. MIAMI, FL 33178		
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TITLE NAME STREET ADDRESS CITY ST ZIP		IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS GITY - ST - ZIP			

11. I hereby certify that the information supplied with this filling 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Maramé benarro