2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# L01000020020

Entity Name: HANDZON TECHNOLOGIES, L.L.C.

Current Principal Place of Business:

15354 SW 41 TERR
MIAMI, FL 33185

New Principal Place of Business:

4107 LAGUNA STREET
CORAL GABLES, FL 33146 US

Current Mailing Address:

15354 SW 41 TERR
MIAMI, FL 33185

New Mailing Address:

4107 LAGUNA STREET
CORAL GABLES, FL 33146 US

FEI Number: 65-1158870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, ANIA
4107 LAGUNA STREET
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

NIEVES, MICHAEL
4107 LAGUNA STREET
CORAL GABLES, FL 33146 US

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.

SIGNATURE: MICHAEL NIEVES 04/20/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: NIEVES, MICHAEL
Address: 6000 S.W. 84TH STREET
City-St-Zip: MIAMI, FL 33143

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NIEVES, MICHAEL
Address: 4107 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM ( ) Change (X) Addition
Name: CARABEO-NIEVA, PEDRO A
Address: 10440 SW 24 ST
City-St-Zip: MIAMI, FL 33165 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL NIEVES MGR 04/20/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date