2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 SEP 10 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020864

1. Entity Name
123 DISH, LLC

Principal Place of Business	Mailing Address
7500 NW 25 STREET, SUITE 248-249 MIAMI, FL 33122 FL	7500 NW 25 STREET, SUITE 248-249 MIAMI, FL 33122 FL

08122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
19501 NE 10th Avenue	19501 NE 10th Avenue
Suite, Apt. #, etc. Suite # 106	Suite, Apt. #, etc. Suite # 106
City & State North Miami Beach, FL	City & State North Miami Beach, FL
Zip 33179 Country USA	Zip 33179 Country USA

4. FEI Number 01-0617805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUICK ACCOUNTING SOLUTIONS CORP. 4815 NW 79 AVE., SUITE 1 MIAMI, FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FINOL, LEANDRO 7500 NW 25 STREET, SUITE 248-249 MIAMI, FL 33122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Finol, Leandro 19501 NE 10th Avenue Suite# 106 North Miami Beach, FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ARANGUREN, JESUS E 7500 NW 25 STREET, SUITE 248-249 MIAMI, FL 33122	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600040976266	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 9-1-04 305-690-3300 x 7301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC.
CORPORATION SERVICE COMPANY

L01000020864

ACCOUNT NO. : 072100000032

REFERENCE : 882209 121767A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

ORDER DATE : September 10, 2004

ORDER TIME : 3:06 PM

ORDER NO. : 882209-005

CUSTOMER NO: 121767A

CUSTOMER: Ms. Karina Garcia
Karp & Genauer, P.a.
Suite 1202
2 Alhambra Plaza
Coral Gables, FL 33134

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: 123 DISH, LLC

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: _____