

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021660

Entity Name: AMALI ENTERPRISES, L.L.C.

FILED
Mar 31, 2004
Secretary of State

Current Principal Place of Business:

2445 SW 21 AVE.
MIAMI, FL 33145

New Principal Place of Business:

4580 SW 8TH STREET
CORAL GABLES, FL 33134

Current Mailing Address:

2445 SW 21 AVE.
MIAMI, FL 33145

New Mailing Address:

4580 SW 8TH STREET
CORAL GABLES, FL 33134

FEI Number: 02-0545268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUESADA, G. FRANK ESQ.
1313 PONCE DE LEON BLVD., STE. 200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GONZALEZ, AMARILIS
Address: 5101 SW 8 ST 2ND FLOOR
City-St-Zip: MIAMI, FL 33145

Title: VP () Delete
Name: DE LA PENA, ALINA C
Address: 5101 W 8 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, AMARILIS
Address: 4580 SW 8 STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change () Addition
Name: DE LA PENA, ALINA C
Address: 4580 SW 8 STREET
City-St-Zip: CORAL GABLES, FL 33134

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: ALINA C. DE LA PENA

MGR

03/31/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date