


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90215 017 *****55.00

20031760

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000021919 1. Entity Name AMITEK INTERNATIONAL LLC	
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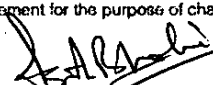
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2. Principal Place of Business 18915 NORTH WEST, 56 COURT Suite, Apt. #, etc.		3. Mailing Address R. MEHROTRA, 8470 TYCO ROAD Suite, Apt. #, etc. 200	
City & State MIAMI, FLORIDA		City & State VIENNA, VIRGINIA	
Zip 33055	Country USA	Zip 22182	Country USA

4. FEI Number 651159874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

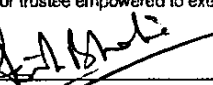
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7. Name and Address of Current Registered Agent	
Name Spiegel & Utrera, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
City FL	Zip Code

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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	PARDEEP BHATIA	MARCH 30/05 <small>DATE</small>

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARDEEP BHATIA 5823 RIDINGS MANOR PL, CENTRVILLE, VA 20120 USA 20120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROHIT THAKORE, 18915 NORTH WEST, 56 COURT, MIAMI, FL 33055 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 606, Florida Statutes.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	PARDEEP BHATIA	03/30/05 <small>Date</small>	647-220-8861 <small>Daytime Phone #</small>

CR2E083B (12/02)