2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# L02000001642

Entity Name: LAPTOP DEPOT, LLC

Current Principal Place of Business:

9990 NW 14 STREET SUITE 109
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

9990 NW 14 STREET SUITE 109
MIAMI, FL 33172

New Mailing Address:

FEI Number: 41-2025167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA CASTRO, CARLOS AUGUSTO
6914 MINDELO STREET
CORAL GABLES, FL 33144 US

Name and Address of New Registered Agent:

SILVA CASTRO, CARLOS AUGUSTO
6914 MINDELO 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: SILVA, CARLOS 01/20/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SILVA, CLAUDIA
Address: 6914 MINDELO ST.
City-St-Zip: CORAL GABLES, FL 33144

Title: MGRM ( ) Delete
Name: SILVA CASTRO, CARLOS AUGUSTO
Address: 6914 MINDELO ST.
City-St-Zip: CORAL GABLES, FL 33144

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SILVA, CLAUDIA
Address: 6914 MINDELO ST.
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM (X) Change ( ) Addition
Name: SILVA CASTRO, CARLOS AUGUSTO
Address: 6914 MINDELO ST.
City-St-Zip: CORAL GABLES, FL 33146

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: SILVA, CARLOS MGRM 01/20/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date