


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90046 012 ****50.00

DOCUMENT # L02000004407 1. Entity Name PRONTOWASH U.S.A., L.L.C.																																																																																																																																																											
Principal Place of Business 150 SE 2ND AVE. AMERICAN CENTER SUITE 1200 MIAMI, FL 33131			Mailing Address 150 SE 2ND AVE. AMERICAN CENTER SUITE 1200 MIAMI, FL 33131																																																																																																																																																								
2. Principal Place of Business 5481 NW 159 St Suite, Apt. #, etc.		3. Mailing Address 5481 NW 159 St Suite, Apt. #, etc.																																																																																																																																																									
City & State Miami, FL		City & State Miami, FL		4. FEI Number 35-2164225																																																																																																																																																							
Zip 33014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2ND AVE. AMERICAN CENTER SUITE 1200 MIAMI, FL 33131			7. Name and Address of Now Registered Agent Name LAWRENCE KRUGER Street Address (P.O. Box Number is Not Acceptable) 2333 BRICKELL AVE # 1912 City Miami FL Zip Code 33129																																																																																																																																																								
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																																																											
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MANAGING MEMBER</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>P.W. 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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 608, Florida Statutes.																																																																																																																																																											
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																																											
<small>Date _____ Daytime Phone # _____</small>																																																																																																																																																											