

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005295

Entity Name: AINA HOLDINGS, L.L.C.

FILED
Apr 08, 2004
Secretary of State

Current Principal Place of Business:

1915 BRICKELL AVE., STE. CPH 5
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1915 BRICKELL AVE., STE. CPH 5
MIAMI, FL 33129

New Mailing Address:

FEI Number: 01-0621039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, MAGDALENA
1915 BRICKELL AVE., STE. CPH 5
MIAMI, FL 33129

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: MEDINA, MAGDALENA
Address: 1915 BRICKELL AVE., STE. CPH 5
City-St-Zip: MIAMI, FL 33129

Title: MGRM () Delete
Name: SANCHEZ, STELLA
Address: 11490 NORTH BAY SHORE DR.
City-St-Zip: MIAMI, FL 33181

Title: MGRM () Delete
Name: RESTREPO, CAMILO
Address: 770 CLAUGHTON, APT 2016 ISLAND DR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RESTREPO, CAMILO
Address: 770 CLAUGHTON, APT 2016 ISLAND DR
City-St-Zip: MIAMI, FL 33131

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: MAGDALENA MEDINA

MGRM

04/08/2004

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