

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005618

Entity Name: CHIMOL, LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

2600 ISLAND BLVD., #1106
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

2600 ISLAND BLVD., #1106
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 51-0417940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, COTA
2600 ISLAND BLVD., #1106
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

FAUSTO, ALVAREZ
2828 CORAL WAY, SUITE 300
MIAMI, FL 33145 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: FAUSTO ALVAREZ

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CHOCRON, CHIMOL
Address: 18660 COLLINS AVE., #104
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR () Delete
Name: COHEN, COTA
Address: 2600 ISLAND BLVD., #1106
City-St-Zip: AVENTURA, FL 33160

Title: MGR () Delete
Name: HADIDA, SIMY
Address: 18660 COLLINS AVE., #104
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

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

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

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

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: CHIMOL CHOCRON

MGR

04/30/2005

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