


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90024 016 \*\*\*\*50.00

**DOCUMENT # L02000008490**

1. Entity Name  
**AMERICAN TOP CLEANING L.L.C.**



Principal Place of Business  
 1450 S.E. 3 AVE., APT. 211  
 DANIA BEACH, FL 33004

Mailing Address  
 1450 S.E. 3 AVE., APT. 211  
 DANIA BEACH, FL 33004

**20039485**

2. Principal Place of Business  
**1350 S.E. 3<sup>RD</sup> AVE**

3. Mailing Address  
**1350 S.E. 3<sup>RD</sup> AVE**

Suite, Apt. #, etc.  
**APT #104**

Suite, Apt. #, etc.  
**APT #104**

City & State  
**DANIA BEACH, FLORIDA**


City & State  
**DANIA BEACH, FLORIDA**

Zip  
**33004**

Zip  
**33004**

Country

Country



04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**01-0662327**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALEKSANDER, DANIEL**  
**1450 S.E. 3 AVE., APT. 211**  
**DANIA BEACH, FL 33004**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

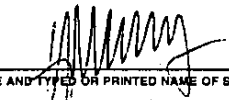
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEKSANDER, DANIEL 1450 S.E. 3 AVE., APT. 211 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEKSANDER, DANIEL 1350 S.E. 3 <sup>RD</sup> AVE, APT. 104 DANIA BEACH, FLORIDA 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JALIFE, ANIBAL ROGELIO GARAY BUENOS AIRES, ARGENTINA, 1704 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIA CONSTANZA BURATTI 1350 S.E. 3 AVE, APT 104 DANIA BEACH, FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4/18/05** **954-274-8765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #