# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L02000011851

1. Entity Name
PSOLER, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 10446 N.W. 31 TERRACE<br>MIAMI, FL 33172 US | 10446 N.W. 31 TERRACE<br>MIAMI, FL 33172 US |

04302004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
04-3667901
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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, 2004**

U00000152784
05/04/04-80099-021 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | SOLER, POLICARPO R |
| STREET ADDRESS | 10446 N.W. 31 TERRACE |
| CITY-ST-ZIP | MIAMI, FL 331721200 |
| TITLE | MGR |
| NAME | GULINO, ARMANDO |
| STREET ADDRESS | 10446 N.W. 31 TERRACE |
| CITY-ST-ZIP | MIAMI, FL 331721200 |
| TITLE | MGR |
| NAME | DIAZ, RAMON |
| STREET ADDRESS | 10446 N.W. 31 TERRACE |
| CITY-ST-ZIP | MIAMI, FL 331721200 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** _____ 4/20/04 305-594-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #