2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)					FILED Feb 18, 2005 8:00 am		
DOCUMENT # L02000011851 1. Entity Name					Secretary of State 02-18-2005 90130 033 ****55.00		
PSOLER,	L.L.C.						
Principal Place of Business 10446 N.W. 31 TERRACE MIAMI FL 33172 US		Mailing Address 10446 N.W. 31 TERRACE MIAMI FL 33172 US					
2. Principal Pi 20 50	ace of Business Coral Way	3. Mailing Address 20 50 Coral Way					
Suite, Apt. 51 2	#, etc.	Suite, Apt. #, etc. 512			1st MOORE C	R2E083 (10/04)	
	, Florida	City & State Miami, Florida			4. FEI Number 04-3667901	Not	plied For t Applicable
Zip 33 1 45	Country U • S • A • 6. Name and Address of Current	Zip 33145	Country U • S • A •		Certificate of Status Desired Name and Address of New Regi	\$5.00 Addi	
o. Name and Address of Cartein Registered Agent					1. Halife and Address of frem freg	stored Agent	
ALVAREZ, FAUSTO 2828 CORAL WAY, SUITE 300 MIAMI FL 33145			Street	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							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By, May 1, 2005							
9.	MANAGING MEMBE	RŞ/MANAGERS	10.	i ji Katarani.	ADDITIONS/CH	IANGES	
TITLE	MGR	☐ Delete	TITLE	MGR-	MEMBER	₹ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SOLER, POLICARPO R 10446 N.W. 31 TERRACE MIAMI FL 33172-1200		NAME STREET ADDRESS CHTY-ST-ZIP	2050 Mian	er, Policarpo R. Coral Way, Suit	e 512	
TITLE	MGR	Delete	TITLE	Total Control		☐ Change	Addition
NAME	GULINO, ARMANDO	(DELETE)	NAME				
STREET ADDRESS CITY-ST-ZIP	10446 N.W. 31 TERRACE MIAMI FL 33172-1200		STREET ADDRESS CITY-ST-ZIP)			
TITLE	MGR	Delete	TITLE	I	MEMBER	X Change	Addition
NAME STREET ADDRESS	DIAZ, RAMON 10446 N.W. 31 TERRACE		NAME STREET ADDRESS	Diaz	Ramon	o 512	
CiTY-ST-ZIP	MIAMI FL 33172-1200		CITY-ST-ZIP	Mian	Coral way, Suit	e 212	
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	5			
CITY-ST-ZIP	j		CITY+ST-ZIP				
TITLE NAME	. /	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	;## \$		STREET ADDRESS	s			
CITY-ST-ZIP	ithr _e		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	_		STREET ADDRESS	s			
CITY-ST-ZIP		1	CITY-\$1-ZIP				
11. I hereby certify that the information sumplied 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 by the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							

2/15/05

786-251-0174

Daytime Phone #