


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 90125 028 ****50.00

DOCUMENT # L02000012327	
1. Entity Name SNAS CONSULTING AND MARKETING LLC	

Principal Place of Business 880 SW 120TH WAY FT. LAUDERDALE FL 33325	Mailing Address 846 NW 81 TERRACE PLANTATION FL 33324
---	--

2. Principal Place of Business	3. Mailing Address 860 SW 120th Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Ft. Lauderdale, FL
Zip	Zip 33325
Country	Country USA

4. FEI Number 42-1537807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MASRI, JAREER I 846 NW 81 TERRACE PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Aleksey Lithachyov Street Address (P.O. Box Number is Not Acceptable) 860 SW 120th Way City Ft. Lauderdale FL Zip Code 33325
---	--

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 <i>Aleksey Lithachyov</i> DATE 4-10-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003
--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <i>mgr</i> NAME MASRI, Jareer I <input checked="" type="checkbox"/> Delete STREET ADDRESS 846 NW 81 Terrace CITY-ST-ZIP Plantation, FL 33324	TITLE <i>mgr</i> NAME Aleksey Lithachyov <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 860 SW 120th Way CITY-ST-ZIP Ft. Lauderdale, FL 33325		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE <i>mgr</i> NAME Harry George Joseph Jr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 7515 NW 43rd Court CITY-ST-ZIP Coral Springs, FL 33065		
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: <i>Aleksey Lithachyov</i> DATE 4-10-03 (954) 394-2163 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
---	---------------------	--------------------------------

CR2E083 (10/02)