

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019033

Entity Name: SHAKIFI, LLC

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

12642 S.W. 221ST STREET
MIAMI, FL 33170

New Principal Place of Business:

7865 CORAL WAY
MIAMI, FL 33155

Current Mailing Address:

12642 S.W. 221ST STREET
MIAMI, FL 33170

New Mailing Address:

7865 CORAL WAY
MIAMI, FL 33155

FEI Number: 71-0896798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSADO, RAFAEL
12642 S.W. 221ST STREET
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

ROSADO, RAFAEL
7865 CORAL WAY
MIAMI, FL 33155 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:

02/16/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ROSADO, RAFAEL
Address: 12642 S.W. 221ST STREET
City-St-Zip: MIAMI, FL 33170

Title: MGRM () Delete
Name: ROSADO, LEOCADIA ELENA
Address: 12642 S.W. 221ST STREET
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSADO, RAFAEL
Address: 7865 CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: MGRM (X) Change () Addition
Name: ROSADO, LEOCADIA ELENA
Address: 7865 CORAL WAY
City-St-Zip: MIAMI, FL 33155

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: LEOCADIA E ROSADO

MGRM

02/16/2005

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