


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90316 021 \*\*\*\*50.00

<b>DOCUMENT # L02000020949</b> 1. Entity Name <b>CARDOSO ENTERTAINMENT L.C.</b>					
Principal Place of Business <del>338 MINORCA AVE.</del> <b>CORAL GABLES, FL 33134</b> <b>6860 SW 45th Lane #9</b> <b>Miami, FL 33155</b>			Mailing Address <del>338 MINORCA AVE.</del> <b>CORAL GABLES, FL 33134</b> <b>6860 SW 45th Lane #9</b> <b>Miami, FL 33155</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02242004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>55-0792442</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<del>INTERNATIONAL REGISTERED AGENTS CORPORATION</del> <del>338 MINORCA AVE.</del> <del>CORAL GABLES, FL 33134</del>			Name <b>Maria Elena Cabeza</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>6860 SW 45th Lane - Unit 9</b>		
			<b>Miami, FL</b>		
			City <b>FL</b> Zip Code <b>33155</b>		
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 <u>M. E. CABEZA</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>2/24/04</b>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARDOSO, WILFREDO <del>338 MINORCA AVE.</del> <b>6860 SW 45th Lane</b> <del>CORAL GABLES, FL 33134</del> <b>Unit 9</b> <b>Miami, FL 33155</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<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: <u>WILFREDO CARDOSO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>2/24/04</b> <small>Daytime Phone #</small>	

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