## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 13, 2006 08:00 AM Secretary of State

	ANNUA	L REPORT		Sagra	tamy of State
DOCUMENT # L02000020949  1. Entity Name CARDOSO ENTERTAINMENT L.C.				Secre	tary of State
				}	
Principal Plac		Mailing Address	- <del> </del>	}	
MIAMI, FL 3	TH LANE #9 3155	6860 SW 45TH LANE #9 MIAMI, FL 33155		{	
DO NOT WRITE IN THIS SPA			CE.	02152006 No Chg-LLC	CR2E083 (11/05)
			UE.	4. FEI Number 55-0792442	Applied For Not Applica
				5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of Curren	t Registered Agent			7.50 (1.042.1.00
CRISTOBAL, MARIA ELENA 8860 SW 45TH LANE UNIT 9 MIAMI, FL 33155				DO NOT W	RITE
			IN THIS SPACE		
				114 17110 01	AOL
8. The above	named entity submits this statement to	or the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and acce
SIGNATURE_	uns urregisiareu apem.				
GIGINATORE_	Signature, typed or printed name of registered eger	f and the it applicable. (NOTE: Register	ed Agent signature required	l when reinstaling)	DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMB	ERS/MANAGERS	1		
TITLE NAME	MGR CARDOSO, WILFREDO		<b>!</b>		
STREET ADDRESS City-St-Zip	6860 SW 45TH LN, #9 MIAMI, FL 33155	- ,			
TYPLE NAME	MGR CRISTOBAL, MARIA ELENA			ໄປປ່ຽງປ່ຽງ ກວາ ກ່ວາ ກ່າວ	466814 80026-813 50.00
STREET ADDRESS	6860 SW 45 LANE #9	•		0.37 237 00	90050 013 30°00
CITY-ST-ZIP	MIAMI, FL 33155		1		
NAME STREET ADDRESS					
CITY-ST-ZIP		·	4	DO NOT W	
TITLE NAME			1	IN THIS SP	PACE
STREET ADDRESS Chty-St-Zip					
TITLE	<del></del>		1		
NAME STREET ADDRESS					
CITY-ST-ZIF I			1		

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 outly, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

HILE NAME STREET ADDRESS CITY-ST-ZIP

URE: WILFIZED O CARDOSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/8/06

305)775-7714

Daytena Phone #