
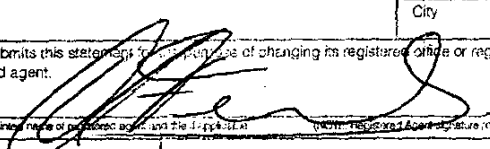
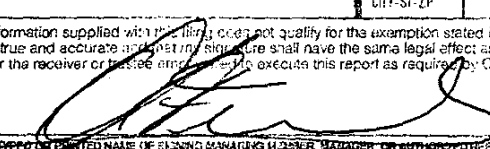


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

L02000022685

DOCUMENT # L02000022685		 <b>FILED</b> OCT 27 AM 10:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name KOSTUME, LLC			
Principal Place of Business 2929 SW 3RD AVE., STE. #510 MIAMI, FL 33129		Mailing Address 2929 SW 3RD AVE., STE. #510 MIAMI, FL 33129	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FRI Number 13-4212566		Applied For Not Applicable	
5. Certificate of Status Desired		55.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, FERNANDA S 2929 SW 3RD AVE., STE. #510 MIAMI, FL 33129		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 			
Signature, typed or printed name of registered agent and the filer (check one) (Print-Registered Agent Signature Required when not filing)			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR ALVAREZ, FERNANDA S 2929 SW 3RD AVE., STE. #510 MIAMI, FL 33129		[ ] Change [ ] Addition	
[ ] Delete		[ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[ ] Delete		[ ] Change [ ] Addition	
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[ ] Delete		[ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[ ] Delete		[ ] Change [ ] Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 and I am executing this report as required by Chapter 633, Florida Statutes.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

REINSTATEMENT 2004

BR

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11/03/04--01048--026 \*\*50.00

LO 20000 22 685

KOSTUME, LLC  
600 BRICKELL AVE, STE # 206-U  
MIAMI, FLORIDA 33131

Miami, September 23, 2004

Division of Corporation  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

FILED  
04 OCT 27 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir:

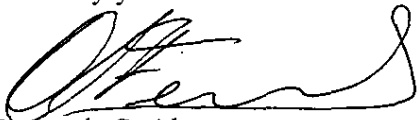
BN

This letter is to inform you that we never received the original form to be file before May 1<sup>st</sup>, 2004, because during year 2004 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail, also as you can see we move our office to a new address. I will appreciate very much if you received and accept our check in the amount of \$ 150.00 as payment of the Corporation Uniform Business Report for this year 2004.

As you can see we move our office to: 600 Brickell Avenue, Suite #206-U, Miami, FL 33131.

I appreciate your help to resolve this matter.

Sincerely your:



Fernanda S. Alvarez  
Manager