

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000022964

1. Entity Name
TRIM SOLUTIONS ENTERPRISES, LLC



Principal Place of Business
**345 WEST 74TH PLACE
MIAMI, FL 33014**

Mailing Address
**345 WEST 74TH PLACE
MIAMI, FL 33014**



01102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0429821

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CANTOR, JERALD C ESQ.
C/O PHILIPS, EISINGER, ET AL
4000 HOLLYWOOD BLVD., SUITE 265S
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZAMBITO, STEVEN
345 W 74TH PL
MIAMI, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GREENSTEIN, STUART
345 W 74TH PL
MIAMI, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MENDOZA, BRUNO
345 W 74TH PL
MIAMI, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000347620
04/30/05-80122-018 50.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-05

305-820-3252