

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90053 026 ****50.00

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|--|---|---|---|--|---|
| DOCUMENT # L02000023597 | | | | | |
| 1. Entity Name ALOI ENTERPRISES, LLC | | | | | |
| Principal Place of Business 520 BRICKELL KEY DRIVE STE.0-305 MIAMI, FL 33131 | | | Mailing Address 520 BRICKELL KEY DRIVE STE.0-305 MIAMI, FL 33131 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01062004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 41-0260922 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent | |
| TRANSGLOBAL CORPORATE ADMINISTRATION, INC 520 BRICKELL KEY DRIVE STE.0-305 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent | |
| Name Transglobal Corporate Administration, LLC | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| 520 Brickell Key Drive Suite 0-305 | | | | City Miami FL Zip Code 33131 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE 03/10/2004 | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRP ALOI, CARLOS ALBERTO 520 BRICKELL KEY DR. #305 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS STANHAM, NICHOLAS 520 BRICKELL KEY DR. #305 MIAMI, FL 33131 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CONTINI DE ALOI, ANA MARIA 520 BRICKELL KEY DR. #305 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| NICHOLAS STANHAM | | | | 03/10/04 (305) 374-3800 | |
| Date | | | | Daytime Phone # | |