

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024320

Entity Name: CHAKAY SERVICES, L.L.C.

FILED
Feb 18, 2004
Secretary of State

Current Principal Place of Business:

19370 COLLINS AVE
APT 1610
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

19370 COLLINS AVE
APT 1610
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

17890 WEST DIXIE HWY
SUITE 109
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162

FEI Number: 51-0428823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRELL GROUP CORPORATE SERVICES, L.L.C.
201 SOUTH BISCAYNE BOULEVARD
34TH FLOOR, MIAMI CENTER
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC
16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: FERNANDO SILV

02/18/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROSMAN, GABRIELA A
Address: 19370 COLLINS AVE 1610 SUNNY ISLES
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSMAN, GABRIELA A
Address: 17890 WEST DIXIE HWY # 109
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR () Change (X) Addition
Name: GENIJOVICH, JULIAN P
Address: 17890 WEST DIXIE HWY # 109
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GABRIELA ROSMAN

MGR

02/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date