

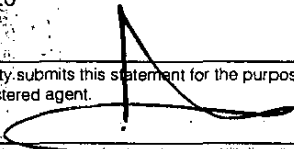
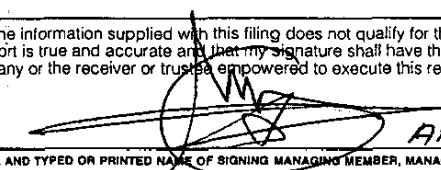


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90204 018 ****55.00

DOCUMENT # L02000026162			
1. Entity Name IKUZI, LLC			
Principal Place of Business 1730 MAIN STREET SUITE 216 WESTON, FL 33326 US		Mailing Address 1730 MAIN STREET SUITE 216 WESTON, FL 33326 US	
2. Principal Place of Business 1525 N. Park Drive Suite, Apt. #, etc. 102 City & State Weston, Florida Zip 33326 Country USA		3. Mailing Address 1525 N. Park Drive Suite, Apt. #, etc. 102 City & State Weston, Florida Zip 33326 Country USA	
			
		03082003 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 76-0718090	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY E. CAMPION, P.A. 1730 MAIN STREET SUITE 216 WESTON, FL 33326		7. Name and Address of New Registered Agent Name: Dennis B. B... Street Address (P.O. Box Number is Not Acceptable) 1525 N. Park Drive Suite 102 City: Weston FL Zip Code: 33326	
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 		DATE 5-20-2004	
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	MGR MUNOZ, ANTONIO 1730 MAIN STREET SUITE 216 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Munoz, Antonio 1525 N. Park Drive, Suite 102 Weston, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Munoz, Rosemary Rosa Maria 1525 N. Park Drive, Suite 102 Weston, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Munoz, Jorge 1525 N. Park Drive, Suite 102 Weston, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  ANTONIO MUNOZ 5/20/04 954-492-9774			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			