


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026823
 1. Entity Name
 ALLA ONE, LLC



Principal Place of Business Mailing Address
 1901 NE 197 TERRACE 1901 NE 197 TERRACE
 MIAMI, FL 33179 MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE



01172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1855046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KLISTON, TODD W
 8211 W. BROWARD BLVD., STE. 375
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITVINOV, BORIS 1901 NE 197TH TERR MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOSAYA, ALLA 1901 NE 197TH TERR MIAMI, FL 33179
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UD0000013292
 01/26/04-80047-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.

SIGNATURE:  1/22/04 305 863-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #