


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000026823 1. Entity Name ALLA ONE, LLC	
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Principal Place of Business 1901 NE 197 TERRACE MIAMI, FL 33179	Mailing Address 1901 NE 197 TERRACE MIAMI, FL 33179
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DO NOT WRITE IN THIS SPACE



03092005 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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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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04/08/05-80056-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: 04.05.05 Daytime Phone #: 305 932-8755

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