## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## May 01, 2006 8:00 am Secretary of State 05-01-2006 90078 029 \*\*\*\*50.00 DOCUMENT # L02000027307 1. Entity Name MACOSA, LLC 20041415 Principal Place of Business Mailing Address 354 SEVILLA AVE C\O H. CEBALLOS MIAMI, FL 33134 354 SEVILLA AVE CORAL GABLES, FL 33134 CR2E083 (11/05) 04192006 No Chq-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1547738 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KOSS, A. ESQ DO NOT WRITE 782 NW 42 AVENUE, STE. 448 MIAMI, FL 33126 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 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MASSONI, ODAIR NAME STREET ADDRESS **RUA HARIO 247** CITY - ST-ZIP SAO PAULO, BRASIL, DŞ TITLE CEBALLOS, HAYDEE NAME STREET ADDRESS 354 SEVILLA AVE CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

**FILED** 

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

> HAYDEE CEARILOS RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE