## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNOAL REFORT			, Mar 05, 2004 8:00 am
DOCUMENT # L020000293  1. Enlity Name ISOTECH INTERNATIONAL, LLC	365		Secretary of State 03-05-2004 90225 018 ****50.00
Principal Place of Business	Mailing Address		1
2419 SW 29 STREET	2419 SW 29 STREET		
#101	#101		
MIAMI, FL 33133	MIAMI, FL 33133		
2. Principal Place of Business Oak 51	3-Mailing Address 7 U	DOKE	Treet in the second sec
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02262004 Chg-LLC CR2E083 (10/03)
City & State Kissemmel, A		mnee	4. FEI Number         Applied For           47-0896168         Not Applicable
<sup>Zip</sup> 34741 Country	24741	ountry	5. Certificate of Status Desired Space Spa
6. Name and Address of Current Registered Agent		No.	//. Name and Address of New Registered Agent
LIZANO, FRANCISCO	<del> </del>	Name	LIZANA trancisco
2419 SW 27 ST #101		Street Address	(P.O. Box Number is Not Acceptable)
MIAMI FL 33133		2202	
j		3307	ILI COL SIRET.
		City	1538 mnel FL 21/34/74/
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			
Signature; typerfor 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			Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS 10.			ADDITIONS/CHANGES ,
TITLE MGR	☐ Delete	TITLE A	fonoger Change Addition
NAME LIZANO, FRANCISCO STREET ADDRESS 2419 SW 27ST #101		NAME STREET ADDRESS	and franciseo.
CITY-ST-ZIP MIAMI, FL 33133	Ti de la constant de	CITY-ST-ZIP	07 11) pal Street.
TITLE	Delete	TITLE //	55e nnee, Ph. 34 people   Addition
NAME		NAME	200 1111110 C 1-1-1 - 1-1-1-1 1
STREET ADDRESS	1	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #