


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000029377</b> 1. Entity Name SIMIAN IMAGE & PRODUCT, L.L.C.	
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Principal Place of Business 245 NE 1 ST STREET #419 MIAMI, FL 33155 US	Mailing Address 1200 WEST AVE. APT. #317 MIAMI BEACH, FL 33139 US
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**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 46-0506276	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  RIOS, ELSA C 1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIL, HUGO C 1200 WEST AVE., #317 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARDOSO, HELOISA 1200 WEST AVE., #317 MIAMI BEACH, FL 33139
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- 000000243255  
02/25/05-80032-012 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)(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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #