FILED
Mar 12, 2004 8:00 am
Secretary of State
02-26-2004 90202 018 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033508

1. Entity Name
P.S.D. CONSULTING & DESIGN, L.L.C.

34001464

Principal Place of Business	Mailing Address
~~3440 HOLLYWOOD BLVD., STE. 360~~ ~~HOLLYWOOD, FL 33021~~	~~3440 HOLLYWOOD BLVD.,~~ STE. 360 ~~HOLLYWOOD, FL 33021~~

01272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
18851 NE 29th Ave	18851 NE 29th Ave
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State Aventura Fl	City & State Aventura FL
Zip 33180 Country USA	Zip 33180 Country USA

4. FEI Number 65-1195286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ.
~~3440 HOLLYWOOD BLVD., STE. 360~~
~~ROTH, ROUSSO & DARRACH,~~ P.A.
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name Roth Leonardo A. Esq
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29 Ave Suite 900
City Aventura FL Zip Code 33180

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] Leonardo A. Roth, Esq 2/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HORIGIAN, FERNANDO ~~3440 HOLLYWOOD BLVD., STE. 360~~ ~~HOLLYWOOD, FL 33021~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18851 NE 29th Ave. Suite 900, Aventura FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTURIAN, NAZARET ~~3440 HOLLYWOOD BLVD., STE. 360~~ ~~HOLLYWOOD, FL 33021~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18851 NE 29th Ave. Suite 900 Aventura, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: [signature] Horigian Fernando, MGRM 02/24/04 786-2790000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #