LIMITED LIABILITY COMPANY, UNIFORM BUSINESS REPORT (UBR) Aug 21, 2003 8:00 am Secretary of State 08-21-2003 90058 045 ****50.00

DOCUMENT#	L03000000075
/	

1. Entity Name



BIZANTI	NA, LLC				
	DO NOT WRITE		ACE	901520	56
2. Principal P 1861 / Suite, Apt.	717.	3. Mailing Address 1861 N FED Hwy Suite, Apt. #, etc. 155		DO NOT WRITE IN THIS SPACE	
City & State	Wood FC Country	City & State Holly Wood	Country Bloward	4. FEI Number 51 - 043 9579 5. Certificate of Status Desired □	Applied For Not Applicable \$5.00 Additional
55	020 Blowner	33020	7. Name and Address of Current Registered Agent		
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Name AWAIA PASSA LA COUA Street Address (P.O. Box Number is Not Acceptable) RED HWY AFT ISS					
City Holy wood FL. Zip Code 3302				- 15000	
	named entity submits this statement for ope of registered agent Signature, typed or printed name of registered agent a	the purpose of changing its re	gistered office or regist	tered agent, or both, in the State of Florida. I a	m familiar with, and accept
FEE IS \$50.00 Make Check Payable to Florida Department of DUE BY MAY 1				nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANNA PASSALACQUA 1861 M. FED HWY # 15 Holly Wood FL 330		TITLE NAME STREET ADDRESS CHY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE