

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001205

Entity Name: MOURAD IMPORT, LLC

FILED  
Feb 02, 2004  
Secretary of State

## Current Principal Place of Business:

1072 S.W. 156TH TERRACE  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

2285 W 80 ST, #2  
HIALEAH, FL 33016

## Current Mailing Address:

1072 S.W. 156TH TERRACE  
PEMBROKE PINES, FL 33027

## New Mailing Address:

2285 W 80 ST, #2  
HIALEAH, FL 33016

FEI Number: 51-0440368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOMAR, JOSEPH  
1072 S.W. 156TH TERRACE  
PEMBROKE PINES, FL 33027

## Name and Address of New Registered Agent:

SHOMAR, JOSEPH  
7777 NW 146 ST  
MIAMI, FL 33016

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.

SIGNATURE: JOSEPH SHOMAR

02/02/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: MRAD, MAURICE  
Address: 1072 SW 156 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR ( ) Change (X) Addition  
Name: MOURAD, BASSAM  
Address: 1072 SW 156 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BASSAM MOURAD

MGR

02/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date