

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90016 046 ****50.00

24056005



04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BLDG.
25 SE 2ND AVENUE
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Carlos E. Martinez
Street Address (P.O. Box Number is Not Acceptable)
11755 SW 90 St. #210
City Miami FL Zip Code 33186

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 reinstating)

DATE

4/21/04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE P	martinez, Carlos E.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	11755 SW 90 St. #210		
STREET ADDRESS	Miami, FL 33186		
CITY-ST-ZIP			
TITLE VP	Martinez, Fernando I.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	11755 SW 90 St. #210		
STREET ADDRESS	Miami, FL 33186		
CITY-ST-ZIP			
TITLE VP	Martinez, Raul A.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	11755 SW 90 St. #210		
STREET ADDRESS	Miami, FL 33186		
CITY-ST-ZIP			
TITLE VP	Martinez, Emilio J.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	11755 SW 90 St. #210		
STREET ADDRESS	Miami, FL 33186		
CITY-ST-ZIP			
TITLE VP	Martinez, Emilio F.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	11755 SW 90 St. #210		
STREET ADDRESS	Miami, FL 33186		
CITY-ST-ZIP			
TITLE Sec	Arnaiz, Miren	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	11755 SW 90 St. #210		
STREET ADDRESS	Miami, FL 33186		
CITY-ST-ZIP			

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

4/21/04

Date

(605) 273-1503

Daytime Phone #