
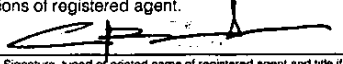
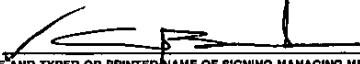


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90011 031 ****50.00

DOCUMENT # L03000003396					
1. Entity Name BONET AND ASSOCIATES INTERNATIONAL, LLC					
Principal Place of Business 3375 SW 3 AVE. MIAMI, FL 33145			Mailing Address 3375 SW 3 AVE. MIAMI, FL 33145		
1641 S.W. 8 St 2. Principal Place of Business			1641 S.W. 8 St. 3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 51-0446168	
Zip 33135		Country U.S.A		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BONET, CONRAD A 981 SONESTA AVENUE NE #C204 PALM BAY, FL 32905			7. Name and Address of New Registered Agent Name CONRAD BONET Street Address (P.O. Box Number is Not Acceptable) 11252 N.W. 58 TERR. City DORAL FL Zip Code 33178		
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  CONRAD BONET <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 03/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONET, CONRAD A 981 SONESTA AVENUE NE, #C204 PALM BAY, FL 32905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYA, LEON 8100 BYRON AVE. #201 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYA, LEON 8100 BYRON AVE. #201 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
SIGNATURE:  CONRAD BONET			Date 03/29/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					