

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007921

FILED
Apr 29, 2004
Secretary of State

Entity Name: CS IMPORTS LLC

Current Principal Place of Business:

13408 SW 108 ST CIR NORTH
MIAMI, FL 33186

New Principal Place of Business:

13408 SW 108 ST CIRCLE NORTH
MIAMI, FL 33186

Current Mailing Address:

13408 SW 108 ST CIR NORTH
MIAMI, FL 33186

New Mailing Address:

10801 SW 134 PLACE
MIAMI, FL 33186

FEI Number: 05-0556714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTOMAYOR, BENJAMIN
13408 SW 108 ST CIR NORTH
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

SOTOMAYOR, BENJAMIN
10801 SW 134 PLACE
MIAMI, FL 33186 US

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:

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SOTOMAYOR, BENJAMIN
Address: 13408 SW 108 ST CIR NORTH
City-St-Zip: MIAMI, FL 33186

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOTOMAYOR, BENJAMIN
Address: 10801 SW 134 PLACE
City-St-Zip: MIAMI, FL 33186

Title: MGR () Change (X) Addition
Name: SOTOMAYOR, CESAR
Address: 13408 SW 108 ST. CIRCLE NORTH
City-St-Zip: MIAMI, FL 33186

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: BENJAMIN SOTOMAYOR

MGRM

04/29/2004

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