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Secretary of State

03-24-2004 90300 025 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008955

1. Entity Name
MAITO HOLDINGS, LLC

34002949

Principal Place of Business	Mailing Address
1632 WINTER BERRY LANE WESTON, FL 33327	1632 WINTER BERRY LANE WESTON, FL 33327

03172004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1835 Main street	1835 Mainstreet
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Weston, Fl.	City & State: Weston, Fl
Zip: 33326 Country: Broward	Zip: 33326 Country: Broward

4. FEI Number: 20-0874650. ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAILLO, FRANCISCO 1632 WINTER BERRY LANE WESTON, FL 33327	Name: Maillo Francisco Street Address (P.O. Box Number is Not Acceptable): 1835 Main Street Suite 101 City: Weston FL Zip Code: 33326

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: FRANCISCO MAILLO [signature] DATE: 3/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Maillo, Francisco STREET ADDRESS: 1835 Mainstreet Suite 101 CITY-ST-ZIP: Weston, Fl. 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Ricciardelli, Felice STREET ADDRESS: 1835 Mainstreet Suite 101 CITY-ST-ZIP: Weston, Fl 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 3/19/04 (954) 4346535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #