2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State
02-27-2004 90197 029 ****50.00

J42000031

MOORE CR2E083 (11/03)

DOCUMENT # L03000008968

1. Entity Name
FASK HOLDINGS, LLC

Principal Place of Business	Mailing Address
2812 CENTER CT. DRIVE WESTON FL 33326	2812 CENTER CT. DRIVE WESTON FL 33326

2. Principal Place of Business	3. Mailing Address
1835 Main Street	1835 Main Street
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Weston, Florida	City & State: Weston, Florida
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 20-0617955 — 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
TORREALBA, AQUILES 2812 CENTER CT. DRIVE WESTON FL 33326	Name: JOAQUIN URQUEOLA 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: Joaquin Urqueola (JOAQUIN URQUEOLA) 2/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. FELICE RICCIARDELLI 1835 Main St. Suite 101 Weston, FL, 33326 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR. SUSANA TOVAR 1835 Main Street, Suite 101 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: Felice Ricciardelli (FELICE RICCIARDELLI) 2/22/04 (954) 3897118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #