

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008968

Entity Name: FASK HOLDINGS, LLC

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

1835 MAIN ST
STE 101
WESTON, FL 33326 US

New Principal Place of Business:

602 SW 15 STREET
FORT LAUDERDALE, FL 33315 US

Current Mailing Address:

1835 MAIN ST
STE 101
WESTON, FL 33326 US

New Mailing Address:

602 SW 15 STREET
FORT LAUDERDALE, FL 33315 US

FEI Number: 20-0617955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URQUEOLA, JOAQUIN
1835 MAIN ST, STE 101
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RICCIARDELLI, FELICE
Address: 1835 MAIN ST, STE 101
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: TOVAR, SUSANA
Address: 1835 MAIN ST, STE 101
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RICCIARDELLI, FELICE
Address: 602 SW 15 STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGRM (X) Change () Addition
Name: TOVAR, SUSANA
Address: 602 SW 15 STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

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: FELICE RICCIARDELLI

MGRM

04/20/2005

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