2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1.

FILED
Feb 05, 2004 8:00 am
Secretary of State

01-23-2004 90122 007 ****55.00

DOCUMENT # L03000010443

1. Entity Name
NIDO, LLC

Principal Place of Business	Mailing Address
780 NORTHWEST LEJEUNE ROAD, STE. 516 MIAMI, FL 33126	780 NORTHWEST LEJEUNE ROAD, STE. 516 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1583530 — 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
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FL MIAMI, FL 33145	Name: Aurelio A Piedra CPA Street Address (P.O. Box Number is Not Acceptable): 780 NW 42 Ave #516 City: Miami FL Zip Code: 33126

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: Aurelio A Piedra 1/14/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DACHARRY, MAXIMILIANO	NAME	
STREET ADDRESS	780 NORTHWEST LEJEUNE ROAD, STE. 516	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	(MGR) K
TITLE	MGR ☑ Delete	TITLE	Cynthia Jorgensen ☐ Change ☑ Addition
NAME	CILIO, ANGEL	NAME	
STREET ADDRESS	780 NORTHWEST LEJEUNE ROAD, STE. 516	STREET ADDRESS	780 NW 42 AVE ste 516
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	Miami, FL. 33126
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] 1/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #