## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Jan 24, 2005 08:00 AM DOCUMENT # L03000010897 Secretary of State MECHAMANIA, L.L.C. Principal Place of Business Mailing Address 10030 NW 80TH AVE 4752 E 9 CT MIAMI, FL 33013-2026 BAY #30 HIALEAH, FL 33014 01182005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 03-0512891 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SERNA, HECTOR M 4752 E 9 CT MIAMI, FL 33013-2026 IN THIS SPACE 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, 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, 2005 MANAGING MEMBERS/MANAGERS 9, MGR TITLE SERNA, HECTOR M NAME 4752 EAST 9TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 330132026 TITLE U00000190872 MAME 01/24/05-80150-021 50.00 STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #