FILED
May 25, 2004 8:00 am
Secretary of State
04-30-2004 90064 028 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011282

1. Entity Name
ALAN J. BERNARDEZ, LLC

Principal Place of Business	Mailing Address
3901 S. OCEAN DR. #2G HOLLYWOOD, FL 33019 US	3901 S. OCEAN DR. #2G HOLLYWOOD, FL 33019 US

34007207

01092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1000 S. Pine IslAndRD	SAme
Suite, Apt. #, etc. 230	Suite, Apt. #, etc.
City & State PlAnTATion FL	City & State
Zip 33324 Country USA	Zip Country

4. FEI Number 51-0458886 ☐ 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
BERNARDEZ, ALAN J 3901 S. OCEAN DR. 2G HOLLYWOOD, FL 33019 New Address 3127 S. Ocean Dr #216 Hallendale, FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 [signature] 4/2/04 DATE
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	mgRm Alan J. Bernardez 3127 S. oceAn Dr #216 Hallendale, FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3127 S. OCEAN Dr #216 HAllendale, FL 33009
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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] 4/2/04 305-323-3285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #