


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Oct 08, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L03000013093					
1. Entity Name <b>SHYRA, LLC</b>					
Principal Place of Business <b>16732 NORTH EAST 6TH AVE. NORTH MIAMI BEACH, FL 33162</b>			Mailing Address <b>16732 NORTH EAST 6TH AVE. NORTH MIAMI BEACH, FL 33162</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>51-0459277</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHUNG, GODFREY</b> <b>12310 NORTH WEST 7TH AVE.</b> <b>NORTH MIAMI, FL 33168</b>			Name <b>Mohammad N Ansari</b> Street Address (P.O. Box Number is Not Acceptable) <b>13815 SW 54th Street</b> City <b>Miami</b>		
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 <b>Mohammad N. Ansari</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>9/30/04</b>		
Filing Fee is <b>\$50.00</b> Due by <b>September 8, 2004</b> <b>October 1, 2004</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SHUNG, GODFREY</b> <b>12310 NORTH WEST 7TH AVE.</b> <b>NORTH MIAMI, FL 33168</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Mohammad Ansari</b> <b>13815 SW 54th Street</b> <b>Miami, FL 33175</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SHUNG, MELISSA</b> <b>12310 NORTH WEST 7TH AVE.</b> <b>NORTH MIAMI, FL 33168</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>504132904124</b> <b>05/05/04 90009 042</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Mohammad N. Ansari</b>			Date <b>9/30/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <b>888-699-5660</b>		