2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jun 17, 2004 8:00 am **Secretary of State**

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DOCUMENT # L03000017573 🦂 06-08-2004 90179 002 ***550.00 Entity Name CINSO, LLC Principal Place of Business Mailing Address 34008701 10568 NW 51ST TERRACE 10568 NW 51ST TERRACE MIAMI, FL 33178 US MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 CR2E083 (10/03) Chg-LLC 4. FEI Number 82 735 Applied For City & State City & State Not Applicable Zip Country Ziο Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAY PEREZ & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable). 13935 NW 1ST AVE MIAMI, FL 33168 City 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR ☐ Change MILE TITLE Addition SOTO, VICTOR NAME NAME 10568 NW 51ST TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33168 CITY-ST-ZIP CITY-ST-ZIP MLE MGR TITLE ☐ Delete Change - Addition NAME SOTO, DALISLA NAME 10568 NW 51ST TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33168 City-St-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE Change: - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ☐ Delete Addition TITLE TITLE HAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-719 TITLE ___ Addition Delete TITLE MAME 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 each; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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