2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017573

1. Entity Name
CINSO, LLC

Principal Place of Business

10568 NW 51ST TERRACE MIAMI, FL 33178 US Mailing Address

10568 NW 51ST TERRACE MIAMI, FL 33178 US

FILED May 08, 2006 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

02272006 No Chg-LLC CR2

CR2E083 (11/05)

4. FEI Number 01-0782735

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAY PEREZ & ASSOCIATES, P.A. 13935 NW 1ST AVE MIAMI, FL 33168

DO NOT WRITE IN THIS SPACE

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9 The share	named entity submits this statement for the purpose of char		in the State of Election I are familiar with and accept
	named entity submits this statement for the purpose of char- tions of registered agent.	iging its registered critica of registered agent, or bi	on, a se sage or nords. I am ramus will, and accept
SIGNATURE Signature: typed or private name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) OATE			
		Lucy : mail season urbant selfments (arthurth mists (eusteinuil)	On it
Fi D	iling Fee is \$50.00 ue by May 1, 2006		•
9,	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, VICTOR 10568 NW 51ST TERRACE MIAMI, FL 33168		U00000\$63915 05/20/06-80032-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, DALISLA 10568 NW 51ST TERRACE MIAMI, FL 33168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			•

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trusted propowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Victor Soto

4-68.06

355-6881664

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

Date

Daytime Phone #