


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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
--	--



02272006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0782735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, DALISLA 10568 NW 51ST TERRACE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000563915
05/20/06-80032-018 50.00

11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Victor Soto** 4-28-06 305-6884694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #