

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90162 025 \*\*\*\*55.00

**DOCUMENT # L03000019049**

1. Entity Name  
**BST INVESTMENTS L.L.C.**



Principal Place of Business  
**2150 NW 19TH AVE.  
MIAMI, FL 33142**

Mailing Address  
**2150 NW 19TH AVE.  
MIAMI, FL 33142**

**00000001**



01172005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1467451**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BAGDADI, ALBERTO  
2150 NW 19TH AVE.  
MIAMI, FL 33142**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BAGDADI, ALBERTO  
2150 NW 19TH AVE.  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BAGDADI, REBECA  
2150 NW 19TH AVE.  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BAGDADI, SALOMON  
2150 NW 19TH AVE.  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BAGDADI, TOFFY  
2150 NW 19TH AVE.  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*3-28-05*

Date

*305-326-6757*

Daytime Phone #