

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

04-29-2004 90081 014 ****50.00

DOCUMENT # L03000019950 1. Entity Name A.D.J., LLC					
Principal Place of Business 5262 NW 114 AVE. #107 MIAMI, FL 33178 US			Mailing Address 5262 NW 114 AVE. #107 MIAMI, FL 33178 US		
2. Principal Place of Business 9220 NW 102 ST Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33178		Country USA		4. FEI Number 81-0622583	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LEONARDO, JOSE J ESQ. 12515 N. KENDALL DRIVE SUITE 222 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE SOSA, JOSE A 1441 SW 104 PASSAGE, #4-105 MIAMI, FL 33174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DA SILVA, ARMANDO 1441 SW 104 PASSAGE, #4-105 MIAMI, FL 33174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITA, DANIEL 5262 NW 114 AVE, #107 MIAMI, FL 33178	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITA, DANIEL 5262 NW 114 AVE, #107 MIAMI, FL 33178	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 				Date: 4/21/2004 Daytime Phone #: 7862561738	