

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90073 007 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L03000020007**

1. Entity Name  
**ALINABO L.L.C.**



Principal Place of Business  
**7141 SW 111TH COURT  
 MIAMI, FL 33173**

Mailing Address  
**7141 SW 111TH COURT  
 MIAMI, FL 33173**

34009224



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**30-0245874**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**OSORNO, MARTHA L  
 7141 SW 111TH COURT  
 MIAMI, FL 33173**

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 re-registering) 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MANAGER  
 OSORNO, MARTHA L  
 7141 SW 111TH COURT  
 MIAMI, FL 33173**

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: *Martina Lisa Osorno*

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

34009224

Attachment

# 16300000007

# Application for Employer Identification Number

Form **SS-4**  
(REV. December 2001)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others)

EIN **30-0245874**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested. <b>ALINABO LLC</b>		
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>7141 SW 11th COURT</b>	5a Street address (if different) (Do not enter a P.O. box)	
4b City, state, and ZIP code <b>MIAMI, FL 33173</b>	5b City, state, and ZIP code	
6 County and state where principal business is located <b>COUNTY MIAMI DADE, STATE FL</b>		
7a Name of principal officer, general partner, grantor, owner, or trustee <b>MARTHA L. OSORNO</b>	7b SSN, ITIN, or EIN <b>771-03-0494</b>	

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120</b>	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) ▶

8b If a corporation, name of state or foreign country (if applicable) where incorporated

State <b>FL</b>	Foreign country
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9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>1120</b>	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) <b>JUN 4 - 2003</b>	11 Closing month of accounting year <b>NOV</b>
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12 First date wages or annuities were paid or will be paid (month, day, year) **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien.** (month, day, year) .....

13 Highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter "0."**

Agricultural	Household	Other
<b>0</b>	<b>0</b>	<b>0</b>

14 Check **one** box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input checked="" type="checkbox"/> Other (specify) <b>IMPORT EXPORT VETERINARIAN PRODUCTS</b>		

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**VETERINARIAN PRODUCTS**

16a Has the applicant ever applied for an employee identification number for this or any other business?  Yes  No  
**Note: If "Yes," please complete lines 16b and 16c.**

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ **ALINABO LLC** Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) <b>03-15-04</b>	City and state where filed <b>MIAMI, FL</b>	Previous EIN <b>20: 0858113</b>
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Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee	Designee's name	Designee's telephone number (incl. area code)
	Address and Zip Code	Designee's fax number (include area code)
		Applicant's telephone number (incl. area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ **Martha Lisa Osorno** Date ▶ **06-30-04**

Signature ▶ *Martha Lisa Osorno* Date ▶ **06-30-04**

Applicant's fax number (include area code) **(305) 598-0271**

Attachment  
34009224  
# 10300002007

Signature ▶ <b>Not Required</b>	Date ▶ March 15, 2004 GMT	( 305 ) 598 - 0271 Applicant's fax number (include area code) ( ) -
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34009224  
# L0300002009

Form <b>SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-0858113 OMB No. 1545-0003			
1* Legal name of entity (or individual) for whom the EIN is being requested ALINABO LLC							
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name				
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 7141 SW 111TH COURT			5a Street address (if different) (Do not enter a P.O. box)				
4b* City, state, and ZIP code MIAMI FL 33173 -			5b City, state, and ZIP code				
6* County and state where principal business is located County MIAMI DADE State FL							
7a* Name of principal officer, general partner, grantor, owner, or trustor MARTHA OSORNO			7b* SSN, ITIN, EIN 771-03-0494				
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises							
8b* If a corporation, name the state or foreign country (if applicable) where incorporated		State FL		Foreign country			
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ 1120 <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶							
10* Date business started or acquired (month, day, year) JUN 4 2003			11* Closing month of accounting year NOV				
12 First date wages or annuities were paid or will be paid (month, day, year) <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....							
13 Highest number of employees expected in the next twelve months <b>Note:</b> If the applicant does not expect to have any employees during the period, enter "0" .....				Agriculture 0	Household 0	Other 0	
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Real estate <input checked="" type="checkbox"/> Other (specify) IMPORT EXPORT OF VETERINARIAN PRODUCTS <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other							
15* Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. VETERINARIAN PRODUCTS							
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Note:</b> If "Yes," please complete lines 16b and 16c							
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶							
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		Approximate date when filed (month, day, year)		City and state where filed		Previous EIN	
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form							
Third Party Designee	Designee's name			Designee's telephone number (include area code)			
	Address and ZIP code			( ) - Designee's fax number (include area code)		( ) -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)						Applicant's telephone number (include area code)	

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023


*Attachment*

X

*34009224*  
*# L0300002007*

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|||||

  
ALINABO LLC  
7141 SW 111TH CT  
MIAMI FL 33173

Date of this notice: 05-04-2004

Employer Identification Number:  
30-0245874

Form: 7004

Number of this notice: CP 576 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

As we were processing your Form 7004 for tax period 122003, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 30-0245874. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.

001694

<b>Type or Print</b>	Name of entity <i>ALINABO L.L.C.</i>	EIN ▶ <i>30-0245874</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>7141 SW 111th COURT</i>	
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. <i>MIAMI, FL 33173</i>	

**1 Type of election** (see instructions):

- a  Initial classification by a newly-formed entity.
- b  Change in current classification.

**2 Form of entity** (see instructions):

- a  A domestic eligible entity electing to be classified as an association taxable as a corporation.
- b  A domestic eligible entity electing to be classified as a partnership.
- c  A domestic eligible entity with a single owner electing to be disregarded as a separate entity.
- d  A foreign eligible entity electing to be classified as an association taxable as a corporation.
- e  A foreign eligible entity electing to be classified as a partnership.
- f  A foreign eligible entity with a single owner electing to be disregarded as a separate entity.

**3 Disregarded entity information** (see instructions):

- a Name of owner ▶ *MARTHA LIA OSORNO*
- b Identifying number of owner ▶ \_\_\_\_\_
- c Country of organization of entity electing to be disregarded (if foreign) ▶ \_\_\_\_\_

**4 Election is to be effective beginning** (month, day, year) (see instructions) . . . . . ▶ *11*

<b>5 Name and title of person whom the IRS may call for more information</b> <i>MARTHA LIA OSORNO - MANAGER</i>	<b>6 That person's telephone number</b> <i>(305) 598-0271</i>
--	--

**Consent Statement and Signature(s)** (see instructions)

Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete. If I am an officer, manager, or member signing for all members of the entity, I further declare that I am authorized to execute this consent statement on their behalf.

Signature(s)	Date	Title
<i>Martha Lia Osorno</i>	<i>06-30-04</i>	<i>MANAGER</i>

Attachment

34009224  
# Lo 30000 20007

X



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

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ALINABO LLC  
7141 SW 111TH CT  
MIAMI FL 33173

001694

Date of this notice: 05-04-2004

Employer Identification Number:  
30-0245874

Form: 7004

Number of this notice: CP 576 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

As we were processing your Form 7004 for tax period 122003, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 30-0245874. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

~~If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.~~

Thank you for your cooperation.

Attachment

34009224

# L0300002007



001694

EIN: 30-0245874

Keep this part for your records.

CP 576 A (Rev. 7-1997)

Return this part with your Form SS-4, Application for Employer Identification Number. Please correct any errors in your name or address.

CP 576 A

0223839492

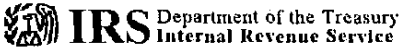
Your Telephone Number Best Time to Call  
(305) 598-0271 AT NOON

DATE OF THIS NOTICE: 05-04-2004  
EMPLOYER IDENTIFICATION NUMBER: 30-0245874  
FORM: 7004 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
[Barcode]

ALINABO LLC  
7141 SW 111TH CT  
MIAMI FL 33173





*Attachment*

CINCINNATI OH 45999-0046

In reply refer to: 0223839492

May 06, 2004 LTR 147C

30-0245874 000000 00 000

04004

BODC: NOBOD

*34009224*  
*#1030002007*

.ALINABO LLC  
7141 SW 111TH CT  
MIAMI FL 33173

Employer Identification Number: 30-0245874

Dear Taxpayer:

We received your Form 7004 for the tax period ending Dec. 31, 2003. We have no record that you filed a Form 8832, Entity Classification Election, to be taxed as a corporate entity. As a Limited Liability Company (LLC), you are not eligible to file a Form 1120 until you file a Form 8832 with the Philadelphia IRS Center and it has been approved.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

*James L. Fish*

James L. Fish, Manager  
Document Perfection Operations

Enclosure(s):  
Copy of this letter  
Envelope  
Form 8832