

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020556

Entity Name: IKONOS, LLC

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

4736 NW 114 AVE
206
MIAMI, FL 33178 US

New Principal Place of Business:

11301 NW 42 TERRACE
MIAMI, FL 33178 US

Current Mailing Address:

4736 NW 114 AVE
206
MIAMI, FL 33178 US

New Mailing Address:

11301 NW 42 TERRACE
MIAMI, FL 33178 US

FEI Number: 20-0081296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIAMMARICONE, VERONICA
4736 NW 114 AVE #206
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

CIAMMARICONE, VERONICA
11301 NW 42 TERRACE
MIAMI, FL 33178 US

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.

SIGNATURE: VERONICA CIAMMARICONE

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CIAMMARICONE, VERONICA
Address: 4736 NW 114 AVE #206
City-St-Zip: MIAMI, FL 33178 US

Title: MGR () Delete
Name: CIAMMARICONE, ROSARIO
Address: AV 7 QUINTA PAPUCHO ALTO PRADO
City-St-Zip: CARACAS,, MI 1080 VE

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CIAMMARICONE, VERONICA
Address: 11301 NW 42 TERRACE
City-St-Zip: MIAMI, FL 33178 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VERONICA CIAMMARICONE

MGR

04/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date