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Secretary of State

04-14-2004 90283 006 ****50.00

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01072004 Chg-LLC CR2E083 (10/03)

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021176

1. Entity Name
BERDUGO, L.L.C.

Principal Place of Business	Mailing Address
7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433	7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433

	2. Principal Place of Business	3. Mailing Address
Address	7284 W. Palmetto Park Rd	7284 W. Palmetto Park Rd.
Suite, Apt. #, etc.	Ste 106	Ste 106
City & State	Boca Raton, FL	Boca Raton, FL
Zip	33433	33433
Country	USA	USA

4. FEI Number 200642872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERDUGO, ELIE
7025 BERACASA WAY, STE. 107
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name: Daniel A. Kaskel, P.A.
Street Address (P.O. Box Number is Not Acceptable): 7284 West Palmetto Park Rd - Ste108
City: Boca Raton FL Zip Code: 33433

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] DATE: 4-12-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	President	☐ Delete
NAME	Elie Berdugo	
STREET ADDRESS	7284 W. Palmetto Park Rd. #106	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4-12-04 561 3956868

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