2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# L03000022986

Entity Name: ALCAR, LLC

Current Principal Place of Business:

8251 NE 8TH PLACE
MIAMI, FL 33138

New Principal Place of Business:

PO BOX 530581
MIAMI SSHORES, FL 33153 US

Current Mailing Address:

8251 NE 8TH PLACE
MIAMI, FL 33138

New Mailing Address:

PO BOX 530581
MIAMI SHORES, FL 33153 US

FEI Number: 20-0056257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GONZALEZ, ALAIN I
8251 NE 8TH PLACE
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

GONZALEZ, ALAIN I
PO BOX 530581
MIAMI SHORES, FL 33153 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: _____ 03/21/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GONZALEZ, ALAIN I
Address: 8251 NE 8TH PLACE
City-St-Zip: MIAMI, FL 33138

Title: MGR ( ) Delete
Name: GONZALEZ, CARLY R
Address: 8251 NE 8TH PLACE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GONZALEZ, ALAIN I
Address: PO BOX 530581
City-St-Zip: MIAMI SHORES, FL 33153 US

Title: MGR (X) Change ( ) Addition
Name: GONZALEZ, CARLY R
Address: PO BOX 530581
City-St-Zip: MIAMI SHORES, FL 33153 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAIN I. GONZALEZ MGR 03/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date