2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 22, 2005 8:00 am
Secretary of State
03-22-2005 90181 013 ****50.00

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01102005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
AFK CONSULTANTS, L.L.C.

Principal Place of Business	Mailing Address
C/O RICHARD J. ALAN CAHAN, ESQ. ~~5210 BLUE LAGOON DRIVE, SUITE 100~~ MIAMI, FL 33126	C/O RICHARD J. ALAN CAHAN, ESQ. ~~5210 BLUE LAGOON DRIVE, SUITE 100~~ MIAMI, FL 33126

2. Principal Place of Business		3. Mailing Address	
121 Alhambra Plaza		121 Alhambra Plaza	
Suite, Apt. #, etc.: 10th Floor		Suite, Apt. #, etc.: 10th Floor	
City & State: Coral Gables, Florida		City & State: Coral Gables, FL	
Zip: 33134	Country: USA	Zip: 33134	Country: USA

4. FEI Number: 47-0923670 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAHAN, RICHARD J.A.
C/O BECKER & POLIAKOFF, P.A.
~~5200 BLUE LAGOON DRIVE, SUITE 100~~
~~MIAMI, FL 33126~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 121 Alhambra Plaza
10th Flor
City: Coral Gables FL Zip Code: 33134

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KLOTZ, EDMUND ALAMEDA ITU, 725, 9TH AND.,CERQUEIRA CESAR SAO PAULO, BRASIL, FL 33126	☒ 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
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	MGR Gregory Roberts, c/o Roberts, Isaacs & Co Rigarno Building, P.O.Box N4755, Nassau Bahamas	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: X [signature] 3/16/05 305-262-4433
Date Daytime Phone #