


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90012 015 \*\*\*\*55.00

<b>DOCUMENT # L03000023488</b> 1. Entity Name <b>CORPOTOOL, LLC</b>					
Principal Place of Business <b>2522 JARDIN DRIVE WESTON, FL 33327</b>			Mailing Address <b>2522 JARDIN DRIVE WESTON, FL 33327</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>SIDLOSCA, RANDALL</b> <b>999 PONCE DE LEON BLVD., SUITE 550</b> <b>CORAL GABLES, FL 33134</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>20-0061929</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BATISTA LORENZO, PEDRO</b> <b>2522 JARDIN DRIVE</b> <b>WESTON, FL 33327</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BATISTA GONZALEZ, PAUL</b> <b>2522 JARDIN DRIVE</b> <b>WESTON, FL 33327</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BATISTA LORENZO, HELIODORO</b> <b>2522 JARDIN DRIVE</b> <b>WESTON, FL 33327</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>HERNANDEZ, AGUSTIN</b> <b>2522 JARDIN DRIVE</b> <b>WESTON, FL 33327</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>DIAZ DE BATISTA, ALINA</b> <b>2522 JARDIN DRIVE</b> <b>WESTON, FL 33327</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>HERNANDEZ, AGUSTIN</b> <b>2522 JARDIN DRIVE</b> <b>WESTON, FL 33327</b>	<input type="checkbox"/> Delete			
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: <i>Agustin Hernandez</i> <b>Agustin Hernandez</b> <b>07/05/2004</b> <b>954-389 5821</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		