2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025590

GARCIA, JAIRO

6903 NW 50 ST

MIAMI, FL 33166

Name: Address:

City-St-Zip:

FILED Feb 24, 2004 Secretary of State

Entity Name: ADONAI RESTORATION, LLC **New Principal Place of Business: Current Principal Place of Business:** 2867 SW 69 CT MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** 2867 SW 69 CT MIAMI, FL 33155 FEI Number: 20-0091160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, JAIRO 6902 NW 50 ST. MIAMI, FL 33166 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Delete () Change () Addition GARCIA, CLARA Name: Name: Address: 8878 W FLAGLER ST #1 Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GAVIRIA, RAMON Name: Address: 6703 NORTH KENDALL DR. #409 Address: City-St-Zip: PINECREST, FL 33196 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLARA T GARCIA MGR 02/24/2004