

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026794

FILED
Mar 29, 2004
Secretary of State

Entity Name: AWESOME MACHINES, LLC

Current Principal Place of Business:

1730 MAIN STREET
SUITE 216
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1730 MAIN STREET
SUITE 216
WESTON, FL 33326

New Mailing Address:

FEI Number: 56-2379126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY E. CAMPION
1730 MAIN STREET
SUITE 216
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: GARCIA, JUAN
Address: 1425 SW 99TH COURT
City-St-Zip: MIAMI, FL 33174

Title: MGR () Delete
Name: MURZI, IGNACIO
Address: 1730 MAIN STREET, SUITE 216
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: JESUS, ROMERO
Address: 1730 MAIN STRRET, SUITE 216
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ROMERO, JESUS
Address: 1730 MAIN STRRET, SUITE 216
City-St-Zip: WESTON, FL 33326

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: JUAN GARCIA

MGR

03/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date