

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028660

1. Entity Name

MAYPAR USA, LLC



Principal Place of Business

6917 NW 52 ST
MIAMI FL 33166
US

Mailing Address

6917 NW 52 ST
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3700388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATOUR, ALFREDO
6917 NW 52 ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office of 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LATOUR, ALFREDO	
STREET ADDRESS	6917 NW 52 ST	
CITY- ST- ZIP	MIAMI FL 33166	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LATOUR, NILDA	
STREET ADDRESS	6917 NW 52 ST	
CITY- ST- ZIP	MIAMI FL 33166	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ABAD, JAIME	
STREET ADDRESS	6917 NW 52 ST	
CITY- ST- ZIP	MIAMI FL 33166	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ABAD, FERNANDO	
STREET ADDRESS	6917 NW 52 ST	
CITY- ST- ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAIME ABAD MANAGER

04/19/2005

(305)-597-08-11

Date

Daytime Phone #