

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000029098



1. Entity Name
KHALED ESTRADA, LLC

Principal Place of Business
2916 E. FLETCHER AVENUE
TAMPA, FL 33612

Mailing Address
2916 E. FLETCHER AVENUE
TAMPA, FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
11-3700187

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current 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 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
KHALED, ZAKI A
17914 ARBOR GREENE DRIVE
TAMPA, FL 33617

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

4/26/05 8739712810

Date

Daytime Phone #