

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90079 024 ****50.00

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04272004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000035462

1. Entity Name
KOROTIKOS, LLC



Principal Place of Business
**1303 N.W. 122 TERRACE
 PEMBROKE PINES, FL 33026**

Mailing Address
**1303 N.W. 122 TERRACE
 PEMBROKE PINES, FL 33026**

2. Principal Place of Business
 Suite, Apt # etc
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt # etc
 City & State
 Zip Country

4. FEI Number
141895608

Applied For
 Not Applicable

5. Certificate of Status Declared **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CASTILLO, WALTER
 1303 N.W. 122 TERRACE
 PEMBROKE PINES, FL 33026**

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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature (hand or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

MANAGING MEMBERS / ADMINISTRATORS		ADDITIONAL MEMBERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MANAGER MARIA J. CASTILLO 550 SW 108 AVE PEMBROKE PINES FL 33025	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(b), 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 808, Florida Statutes.

SIGNATURE: *Maria J. Castillo* **4/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Declaration Page #