


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90001 048 \*\*\*\*50.00

<b>DOCUMENT # L03000037215</b>		
1. Entity Name <b>SOMISA LLC</b>		

Principal Place of Business <b>2455 E. SUNRISE BLVD. SUITE 916 FORT LAUDERDALE, FL 33304 US</b>	Mailing Address <b>2455 E. SUNRISE BLVD. SUITE 916 FORT LAUDERDALE, FL 33304 US</b>
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2. Principal Place of Business <b>828 SE 4th St</b> Suite, Apt. #, etc.	3. Mailing Address <b>828 SE 4th St.</b> Suite, Apt. #, etc.
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City & State <b>Ft. Lauderdale, FL</b>	City & State <b>Ft. Lauderdale, FL</b>
Zip <b>33301</b>	Country <b>USA</b>
Zip <b>33301</b>	Country <b>USA</b>



04292004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent <b>MASTRIANA &amp; CHRISTIANSEN, P.A. 1500 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33304</b>	
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4. FEI Number <b>20-0305502</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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.

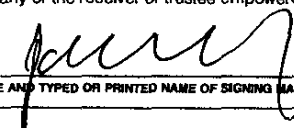
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCDONALD, JOHN 2455 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR McDonald, John 828 S.E. 4th St. Ft. Lauderdale, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **John McDonald** **4.29.04** **954-522-3339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #