

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000037445

1. Entity Name
PROFUNDO ENTERPRISES, LLC



Principal Place of Business
815 PONCE DE LEON BLVD., STE. P-201
CORAL GABLES, FL 33134

Mailing Address
815 PONCE DE LEON BLVD., STE. P-201
CORAL GABLES, FL 33134



01042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0800813

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANGSTADT, OLIVER J ESQ
815 PONCE DE LEON BLVD., STE. P-201
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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**

U00000319095
04/20/05-80084-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SAEZ, JOVANNI
STREET ADDRESS 815 PONCE DE LEON BLVD., STE. P-201
CITY-ST-ZIP CORAL GABLES, FL 33134

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/05 305 461 5667