


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90011 002 ****55.00

| | |
|--------------------------------------|---|
| DOCUMENT # L03000038559 |  |
| 1. Entity Name MAXICOM LLC | |

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|---|---|
| Principal Place of Business 18040 SW 139 CT MIAMI, FL 33177 | Mailing Address 18040 SW 139 CT MIAMI, FL 33177 |
|---|---|

24069899



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03012003 Chg-LLC CR2E083 (10/03)

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|------------------------------------|--|
| 4. FEI Number 56-2406074 | Applied For <input type="checkbox"/> Not Applicable |
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|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ALFORD, KALLIOPI 18040 SW 139 CT MIAMI, FL 33177 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

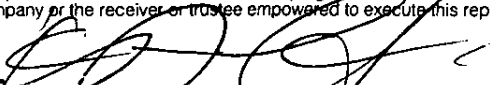
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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|-----------|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| Filing Fee is \$50.00 Due by September 8, 2004 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALFORD, KALLIOPI 18040 SW 139 CT MIAMI, FL 33177 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ATHENA NAKONEWCZNYJ 78 SMITH ST. ALISTON, ONTARIO, CANADA L9R-2A2 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SHADDON D. SMITH 18040 SW 139 CT, MIAMI, FL 33177 <input type="checkbox"/> Change <input checked="" 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.

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|---|---|----------|-------------------|
| SIGNATURE |  | 05/07/04 | Tel. 305-254-5351 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | Daytime Phone # |