

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038559

Entity Name: MAXICOM LLC

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

18040 SW 139 CT
MIAMI, FL 33177

New Principal Place of Business:

2491 NW 95 ST
MIAMI, FL 33147

Current Mailing Address:

18040 SW 139 CT
MIAMI, FL 33177

New Mailing Address:

P.O. BOX 570149
MIAMI, FL 33257

FEI Number: 56-2406074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFORD, KALLIOPI
18040 SW 139 CT
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

ALFORD, KALLIOPI
2491 NW 95 ST
MIAMI, FL 33147 US

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.

SIGNATURE: KALLIOPI ALFORD

04/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: ALFORD, KALLIOPI
Address: 18040 SW 139 CT
City-St-Zip: MIAMI, FL 33177

Title: MGR () Delete
Name: NAKONEWCZNYJ, ATHENA
Address: 78 SMITH ST.
City-St-Zip: ALISTON, ONTARIO, CA L9R 2A2

Title: MGR () Delete
Name: SMITH, SHADDON D
Address: 18040 SW 139 CT.
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALFORD, KALLIOPI
Address: 2491 NW 95 ST
City-St-Zip: MIAMI, FL 33147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SMITH, SHADDON D
Address: 986 EDWIN REYNOLDS RD
City-St-Zip: COTTONWOOD, AL 36320

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KALLIOPI ALFORD

MGR

04/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date