

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90179 007 ****50.00

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01132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2680347	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

DOCUMENT # L03000040766
1. Entity Name
EWERSAL, L.L.C.



Principal Place of Business 4746 NW 107 AVE., BLDG 10 N 1011 MIAMI, FL 33178	Mailing Address 10200 NW 25TH ST, STE 207 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALVADOR, YOLANDA
10200 NW 25TH ST, STE 207
MIAMI, FL 33172

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAMANQUEZ, EDGAR 10200 NW 25TH ST, STE 207 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRERA, LINDA 10200 NW 25TH ST, STE 207 MIAMI, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **01/13/05** **305-513-9173**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #