

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90222 001 ****25.00
04-01-2004 90222 002 ****25.00

34002491



DOCUMENT # L03000044339 1. Entity Name MATUS & SANCHEZ, LLC					
Principal Place of Business 600 BRICKELL AVENUE STE. 701 MIAMI, FL 33131			Mailing Address 600 BRICKELL AVENUE STE. 701 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FFL Number <div style="font-size: 1.5em; font-family: monospace;">371486688</div>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANCHEZ, OSCAR E 600 BRICKELL AVENUE STE. 701 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right; text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 Managing Member <input type="checkbox"/> Delete Oscar E. Sanchez		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	600 Brickell Ave. Suite 701		NAME		
CITY-ST-ZIP	Miami, FL 33131		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33131		CITY-ST-ZIP		
TITLE	NAME Managing Member <input type="checkbox"/> Delete Roberto Matus		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	600 Brickell Ave. Suite 701		NAME		
CITY-ST-ZIP	Miami, FL 33131		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33131		CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			3/29/04 (305) 416-0060		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		