2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000046093

1. Entity Name

COSME E. PEREZ TRIM, LLC



FILED Apr 02, 2005 08:00 AM Secretary of State

Principal Place of Business 2205 BONNIE DRIVE WEST PALM BEACH, FL 33415 Mailing Address 2205 BONNIE DRIVE WEST PALM BEACH, FL 33415

The state of the s per la proposition de la proposition d La proposition de la La proposition de la



03282005 No Chg-LLC

CR2E083 (10/03)

	*******			r 1 delector of month	a tan may prove the fact to	ings and a classification of a second of a control of a c	and the same of the same of the
חח	NOT	WR	ITE	IN T	HIS	SPAC	e e e e e e e e e e e e e e e e e e e
			To a Marian a property	A CONTRACTOR OF THE PARTY OF TH	"- THE MENT OF SHIP		The state of the s

4. FEI Number	Applied For	
20-0405771		Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

PEREZ, COSME E

DO NOT WRITE

	NIE DRIVE LM BEACH, FL 33415	a proper separate the second transfer to the second transfer transfer to the second transfer transfer to the second transfer	IN THIS SPACE			
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Fig.	orida. I am famillar with, and accept			
SIGNATURE_	Signature, typed or printed name of registored agont and title if applicable.	(NOTE: Registered Agont signature required when reinstating)	DATE			
Fi D	iling Fee is \$50.00 ue by May 1, 2005					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM PEREZ, COSME E 2205 BONNIE DRIVE WEST PALM BEACH, FL 33415	Handan	ODET 70			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLA', MARTHA M 2205 BONNIE DRIVE WEST PALM BEACH, FL 33415	04/02/05-	000000285579 04/02/05-80049-020 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	/RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SI	PACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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 eath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

Cosme E. Perez, Manager

03/29/2005

(561) 493-4865

Daytime Phone #

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE