2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000051107				FILED
ALGIERE PABON, LLC			04 NOV 23 AH 10: 40	
Principal Plac	e.of.Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
124 NE 19 C	COURT	124 NE 19 COURT B-209		I IALLAHASSEE, FLORIDA
B-209 WILTON MAN	IORS; FL: .33305 US	WILTON MANORS; FL .333	305 US	
2 Principal P	N.E. 19 th Ct.	3. Mailing Address 124 N. E. 1949	CF	
Suite Apt.	#, etc. 2004	Suite, Apt. #, etc.		07062004 Chg-LLC CR2E083 (10/03)
City & State	on Manors Fl.	City & State Wilfon Mana	us. Fl.	4. FEI Number , Applied For Not Applicable
3330	5 Country U.S.A	Zip 33305	Country (151)	5. Certificate of Status Desired
	8. Name and Address of Current i	tegistered Agent	Name	7. Name and Address of New Registered Agent
ALGIERI, PABON			1	ress (P.O. Box Number is Not Acceptable)
124 NE 19 B-209	COURT		Street Add	reas (F.O. DOX Northern to NOT Acceptable)
WILTON	MANORS, FL 33305			
			City	FL Zip Code
	named entity submits this statement for fights of registered agent;	the purpose of changing its req	gistered office or n	egistered agent, or both, in the State of Florida. "I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nri Mis d'annimania (NYTE-Ri	annelsvari ävant svenstvra	sequired when reinstating) DATE
		1		
				Secretary of the second secretary of the second sec
Fil Due I	ling Fee is \$50.00 by September 8, 2004			Make check payable to Florida Department of State
Pii Due I	by September 8, 2004 MANAGING MEMBER	RS/MANAGERS	10.~.	Florida Department of State
Dué I	by September 8, 2004 MANAGING MEMBER MGRM	RS/MANAGERS	10.	Florida Department of State
9. TITLE NAME. STREET ADDRESS	MANAGING MEMBER MGRM PABON, ALGIERI 124 NE 19 COURT		TITLE: NAME. STREET ADORESS	Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME. STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM PABON, ALGIERI	□ Delete·	TITLE NAME. STREET ADORESS CITY-ST-ZIP	Florida Department of State ADDITIONS/CHANGES Change Addition
9. TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM PABON, ALGIERI 124 NE 19 COURT		TITLE NAME. STREEY ADDRESS CITY-ST-ZIP- TITLE NAME	Florida Department of State ADDITIONS/CHANGES
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I facilities setting 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 poport as required by Chapter 608, Florida Statutes. .

SIGNATURE: MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytons Phone #

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November 18, 2004

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FILED

Algieri Pabon 124 N.E. 19th Court SECRETARY OF STATE TALLAHASSEE, FLORIDA

B-209

Wilton Manors, Florida 33305

FEIN: 14-1915789

Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, Fl. 32301

To whom it may concern:

This letter is to reinstate my incorporation. A week and a half to two weeks ago I called your office and spoke to a young lady. She said I should send a letter to explain my situation and that reinstatement would not be a problem. The following is what happened:

Several months ago I received the paperwork to complete for my annual report. I completed the paperwork and sent it in with a \$55.00 check and used my social security number as my FEIN. Needless to say, the Division of Corporations sent me a notice stating that I would have to get an FEIN. I called the IRS and they gave me a number (FEIN 14-1915789). I asked the gentleman if my incorporation was still intact and whether I was in the system and he told me yes. I once again asked if I needed to call anyone else and he assured me that I was ok and that I would not need to do anything else. Sometime later I received a letter in the mail stating that my corporation was going to be dissolved.

I hope this letter adequately explains my situation, that it maintains my corporation and that I can continue to operate my business as required by the state. I have also included another copy of the Annual Report If there is anything you need from me, please call at 954-292-0749, email at AlgieriP@aol.com or write at the address above.

Thank you for your help in this matter.

Sincerely,
Algieri Pabon