


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000052140
 1. Entity Name
 OSVALDO ONTIVERO, LLC



Principal Place of Business 50 W. 31 STREET #203 HIALEAH, FL 33012 US	Mailing Address 50 W. 31 STREET #203 HIALEAH, FL 33012 US
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0476616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ONTIVERO, OSVALDO
 50 W. 31 STREET
 #203
 HIALEAH, FL 33012

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

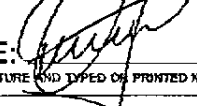
**Filing Fee is \$50.00
 Due by May 1, 2006**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ONTIVERO, OSVALDO 50 W. 31 STREET, #203 HIALEAH, FL 33012
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 04/17/06-80004-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/31/06 305 887 918**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Debit/Phone #