

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90213 001 ****50.00

DOCUMENT # L03000052545

1. Entity Name
1040 NW 1ST STREET, LLC.



Principal Place of Business
3120 PINETREE DR
MIAMI BEACH, FL 33140 US

Mailing Address
3120 PINETREE DR
MIAMI BEACH, FL 33140 US

30005746



DO NOT WRITE IN THIS SPACE

01212005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0881150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARROUKH, YVES
3120 PINETREE DR
MIAMI BEACH, FL 33140

HOFFMAN LEVY BENGIO + CO
ATT: RONEN BENHARUSH
2525 N STATE ROAD 7, SUITE 115
HOLLYWOOD, FL 33021

**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 Ronen Benharush DATE 5/1/05

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARROUKH, YVES PO BOX 2223 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREEN, ADRIAN PO BOX 2223 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: [Signature]

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

3/18/05

Date

786-395-5559

Daytime Phone #