

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000053151

1. Entity Name  
OBRAWEB LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY -9 AM 8:17

Principal Place of Business  
1031 IVES DAIRY RD, STE 228  
MIAMI, FL 33179

Mailing Address  
1031 IVES DAIRY RD, STE 228  
MIAMI, FL 33179

**DO NOT WRITE IN THIS SPACE**

03032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
20-0480438

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBERT BRIZEL, CPA  
1021 IVES DAIRY ROAD  
#220  
MIAMI, FL 33179

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FARROW, FRANKLIN  
1031 IVES DAIRY RD, STE 228  
MIAMI, FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ANTELO, FRANCISCO  
1031 IVES DAIRY RD, STE 228  
MIAMI, FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500054219255  
05/10/05--01070--004 \*\*600.00

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

3/7/05 (305) 858-9900

Date

Daytime Phone #