

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 10, 2005  
Secretary of State**

DOCUMENT# L04000009029

Entity Name: SELAX, LLC.

**Current Principal Place of Business:**

210 SHORE DR S  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

210 SHORE DR S  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 37-1483801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ECHEVERRI, JUAN M  
210 SHORE DR S  
MIAMI, FL 33133      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: ECHEVERRI, JUAN M  
Address: 210 SHORE DR S  
City-St-Zip: MIAMI, FL 33133

Title: MGRM      ( ) Delete  
Name: PELAEZ, NOHRA  
Address: 210 SHORE DR S  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JUAN M ECHEVERRI

MGRM

03/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date