2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2005 AUG 15 PM 1: 47 **DOCUMENT # L04000024157** SECRETARY OF STATE XENTRION, LLC TALLAHASSEE, FLORIDA Principal Place of Business Malling Address 20065103 1223 SW 87TH TERRACE 1223 SW 87TH TERRACE PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMASHTA, VICTOR ID Street Address (P.O. Box Number is Not Acceptable) 1223 SW 87TH TERRACE PLANTATION, FL 33324 City Zip Code 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 September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR MGE TITLE 💢 Delete (Z) Change ☐ Addition AMASHTA, VICTOR NAME KHAMASHTA, JOSE NAME AMADHIN 17223 SW 87Th TEMPLE STREET ADDRESS 1223 SW 87TH TERRACE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP PLANTATION TITLE ☐ Delete TITLE Change ☐ Addition AMASHTA, RIAD NAME NAME STREET ADDRESS 1223 SW 87TH TERRACE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change AMASH<u>TA, EVA</u> N NAME STREET ADDRESS 1223 SW 87TH TERRACE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP 1171 F Delete ☐ Addition AMASHTA, NELLY H NAME NAME STREET ADDRESS 1223 SW 87TH TERRACE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Defete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this lifting 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 acquirate 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 filmited flability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes. MGR. SIGNATURE:

07-25-2005 90040 048 ****50.00 F1L E1204000024157

ATTACHMENT LUHODD 24157 2004510> Paul F. Schneider & Associates, P.A.

7860 Peters Road, #F-110 Plantation, FL 33324 (954) 474-8889 Fax (954) 474-8856 E-Mail: schnabie@aol.com

July 20, 2005

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: XENTRION, LLC

Dear Sir/Madam:

We enclose herewith, on behalf of our above-named client, the 2005 For Profit Corporation Annual Report together with a check for \$50.00.

The taxpayer did not receive the former notice. We therefore request the waiver of penalty in this instance.

Your assistance and understanding will be appreciated.

Respectfully submitted,

PAUL F. SCHNEIDER

For the Firm

cc: Victor Amashta