## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L04000033265

Title:

Name:

Address:

City-St-Zip:

MGRM

ZOQUIER, DANIEL

120 EINSTEIN LOOP

BRONX, NY 10475

( ) Delete

Entity Name: DEFINITY HOLDINGS, LLC

FILED Mar 24, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ATTN: DAMIAN DIGIOIA 263-45B 74TH AVENUE GLEN OAKS, NY 11004 **New Mailing Address: Current Mailing Address:** ATTN: DAMIAN DIGIOIA 263-45B 74TH AVENUE GLEN OAKS, NY 11004 FEI Number: 20-1079025 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPITOL CORPORATE SERVICES, INC. KITSONIDIS, DIMITRI 1333 N. DUVAL STREET 11044 BASQUIN COURT TALLAHASSEE, FL 32303 US US PORT RICHEY, FL 34668 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: DIMITRI KITSONIDIS 03/24/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DIGIOIA, DAMIAN Name: Name: 263-45B 74TH AVENUE Address: Address: City-St-Zip: GLEN OAKS, NY 11004 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: PROSPEL, GEOVANNY Name: Address: 152 29TH STREET, #2-A Address: City-St-Zip: BROOKLYN, NY 11232 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KITSONIDIS, STEPHEN Name: Name: 83-15 116TH STREET, APT. 6G Address: Address: City-St-Zip: KEW GARDENS, NY 11418 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: DAMIAN DIGIOIA MGRM 03/24/2006