2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

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Entity Name: SYRIKA BROTHERS, LLC

Current Principal Place of Business:

2458 FLAMINGO DR, #8
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2458 FLAMINGO DR, #8
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-1253176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GURIAN, JORGE
2458 FLAMINGO DR, #8
MIAMI BEACH, FL 33140 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/MANAGERS:

Title: MGRM ( ) Delete
Name: ROJAS, RODRIGO
Address: 2458 FLAMINGO DR, #8
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete
Name: ROJAS, LILIANA
Address: 2458 FLAMINGO DR, #8
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete
Name: ROJAS, IVAN A
Address: 1610 LENOX AVENUE UNIT #403
City-St-Zip: MIAI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: ROJAS, IVAN A
Address: 3433 GARDEN AVE #9
City-St-Zip: MIAMI BEACH, FL 33140

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.

SIGNATURE: LILIANA ROJAS MGRM 01/04/2006

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