


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90382 005 ****55.00

DOCUMENT # L04000049000	
1. Entity Name CIAO ADVERTISING, LLC	

Principal Place of Business 1027 PENNSYLVANIA AVENUE APT. 201 MIAMI BEACH, FL 33139	Mailing Address 235 LINCOLN ROAD SUITE 212 MIAMI BEACH, FL 33139
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20022196



2. Principal Place of Business 235 Lincoln Road Suite, Apt. #, etc. Suite 212 City & State Miami Beach, FL Zip 33139	3. Mailing Address 235 Lincoln Road Suite, Apt. #, etc. Suite 212 City & State Miami Beach, FL Zip 33139
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03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1325796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent STODDARD, RICHARD A 1027 PENNSYLVANIA AVENUE APT. 201 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Richard A. Stoddard Street Address (P.O. Box Number is Not Acceptable) 235 Lincoln Road Suite 212 City Miami Beach FL Zip Code 33139
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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  Richard A. Stoddard MGR 03/14/05
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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STODDARD, RICHARD A 1027 PENNSYLVANIA AVENUE APT. 201 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Richard A. Stoddard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 235 Lincoln Road, Suite 212 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Richard A. Stoddard 03/14/05 786-264-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #