05-02-2005 90101 005 ****50.00
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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 JUN 24 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30009445

W 06/24/05

DOCUMENT # L04000056048

1. Entity Name
EGALITE, LLC

Principal Place of Business	Mailing Address
9903 N.W. 43RD TERRACE MIAMI, FL 33178	9903 N.W. 43RD TERRACE MIAMI, FL 33178
2. Principal Place of Business: 9737 NW 41 ST	3. Mailing Address: 9737 NW 41 ST
Suite, Apt. #, etc.: # 384	Suite, Apt. #, etc.: # 384
City & State: DORAL FL	City & State: DORAL FL
Zip: 33178 Country: US	Zip: 33178 Country: US

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 04-3795973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GIL, CARLOS
9903 N.W. 43RD TERRACE
MIAMI, FL 33178

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 2926 NW 98 PL
City: DORAL FL Zip Code: 33172

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] CARLOS GIL -REGISTERED AGENT DATE: 04-26-05

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARLOS GIL 2926 NW 98 PL DORAL, FL 33172 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2926 N.W. 98 PL DORAL FL 33172 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] CARLOS GIL 04-26-05 305-500-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #