2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057589

PEMBROKE PINES, FL 33028

City-St-Zip:

Entity Name: AMAKOSMO, LLC

FILED Jun 30, 2005 Secretary of State

Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:	
3140 WEST 84 STREET, UNIT 5 HIALEAH, FL 33018		6392 NW 84 AVE MIAMI, FL 33166		
Current Mailing Address:		New Mailing Address:		
3140 WEST 84 STREET, UNIT 5 HIALEAH, FL 33018		6392 NW 84 AVE MIAMI, FL 33166		
In accordan	: 20-0253758 FEI Number Applied For() FEI ice with s. 607.193(2)(b), F.S., the limited liability company of Address of Current Registered Agent:	-		
TRUJILLO, ANDRES 3140 WEST 84 STREET, UNIT 5 HIALEAH, FL 33018 US		TRUJILLO, ANDR 6392 NW 84 AVE MIAMI, FL 33166		
The above in the State	e named entity submits this statement for the purpos e of Florida.	e of changing its regis	stered office or registered agent, or both	
SIGNATU	RE:		06/30/2005	
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete TRUJILLO, ANDRES 3173 SW 141 TERRACE DAVIE, FL 33330	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete OBANDO, IVAN 3721 SW 195 AVE. MIRAMAR, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete LUZ ESTELLA OBANDO, 3173 SW 141 TERRACE DAVIE, FL 33330	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGR () Delete RUIZ, CLAUDIA 1922 NW 167 TERRACE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: ANDRES TRUJILLO MGR 06/30/2005