2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057589

1. Entity Name
AMAKOSMO, LLC

Principal Place of Business	Mailing Address
6392 NW 84 AVE MIAMI, FL 33166	6392 NW 84 AVE MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

03152006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0253758

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRUJILLO, ANDRES
6392 NW 84 AVE
MIAMI, FL 33166

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	TRUJILLO, ANDRES
STREET ADDRESS	3173 SW 141 TERRACE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	MGR
NAME	OBANDO, IVAN
STREET ADDRESS	3721 SW 195 AVE.
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	MGR
NAME	LUZ ESTELLA OBANDO
STREET ADDRESS	3173 SW 141 TERRACE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	MGR
NAME	RUIZ, CLAUDIA
STREET ADDRESS	1922 NW 167 TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/06-80079-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #