

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90030 046 \*\*\*\*50.00

**DOCUMENT # L04000058826**

1. Entity Name  
 DIJO IN USA, LLC



Principal Place of Business  
 1800 N. U.S. 1  
 ORMOND BEACH, FL 32174

Mailing Address  
 P.O. BOX 730068  
 ORMOND BEACH, FL 32173-0068

2. Principal Place of Business  
 455 S. Nova Road  
 Suite, Apt. #, etc.

3. Mailing Address  
 455 S. Nova Road  
 Suite, Apt. #, etc.

City & State  
 Ormond Beach, FL

City & State  
 Ormond Beach, FL

Zip  
 32174

Country  
 USA

Zip  
 32174

Country  
 USA

**14005505**



04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 20-1597468

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

HOOD, CHARLES D JR.  
 4444 SEABREEZE BLVD., SUITE 900  
 DAYTONA BEACH, FL 32118

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	ATANASOSKI, JOSIF <input type="checkbox"/> Delete	TITLE Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATANASOSKI, JOSIF		NAME Atanasoski, Josif	
STREET ADDRESS P.O. BOX 730068		STREET ADDRESS 455 S. Nova Road	
CITY-ST-ZIP ORMOND BEACH, FL 321730068		CITY-ST-ZIP Ormond Beach, FL 32174	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Josif Atanasoski* Date: 4/26/05 Daytime Phone #: 386-615-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE