2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90020 016 ****50.00

DOCUMENT # L04000071378

1. Entity Name
OSVAR HOLDINGS, LLC

Principal Place of Business	Mailing Address
536 BILTMORE WAY CORAL GABLES, FL 33134	536 BILTMORE WAY CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
480 SABAL WAY	480 SABAL WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-1697943 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUEVAS, ANTHONY ESQ
CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: JOSE OSPINA
Street Address (P.O. Box Number is Not Acceptable): 480 SABAL WAY
City: WESTON **FL** Zip Code: 33326

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 _____ JOSE OSPINA 4-11-05
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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OSVAR ASSOCIATED CORP 536 BILTMORE WAY CORAL GABLES, FL 33134	☐ Delete	MGRM OSVAR ASSOCIATED CORP 480 SABAL WAY WESTON, FL 33326	☒ Change	☐ Addition
		☐ Delete	P Andres Ospina 480 Sabal Way Weston, FL 33326	☐ Change	☒ Addition
		☐ Delete	VP Jose Ospina 480 Sabal Way Weston, FL 33326	☐ Change	☒ Addition
		☐ Delete	S Maria Ospina 480 Sabal Way Weston, FL 33326	☐ Change	☒ Addition
		☐ Delete	T Monica Ospina 480 Sabal Way Weston, FL 33326	☐ Change	☒ Addition
		☐ Delete		☐ 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: _____ 4-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ANDRES OSPINA