

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90089 050 ****50.00

DOCUMENT # L04000074310 1. Entity Name MDS & ABF, LLC					
Principal Place of Business 13032 SW 5TH STREET MIAMI, FL 33184-1216 US			Mailing Address 13032 SW 5TH STREET MIAMI, FL 33184-1216 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 81-0656534	
5. Certificate of Status Desired ☐ Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LORENZO, JOSEFINA 13032 SW 5TH STREET MIAMI, FL 33184-1216			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 _____ (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	MGR DA SILVA, MAURICIO J 13032 SW 5TH STREET MIAMI, FL 331841216	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, ANA B 13032 SW 5TH STREET MIAMI, FL 331841216	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>Mauricio Da Silva</u> MAURICIO DA SILVA <u>4/27/05</u> (305)559-8689					

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