2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90043 033 ****55.00

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1. Entity Name
MARNOVO TRADE & INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
1671 CORAL GATE DRIVE MIAMI, FL 33145-1823	1671 CORAL GATE DRIVE MIAMI, FL 33145-1823

04292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3211 S.W 18 ST	3211 SW 18 ST
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State MIAMI + FLA.	City & State MIAMI + FL
Zip 33145 Country USA	Zip 33145 Country USA

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, LUIS F 1671 CORAL GATE DRIVE MIAMI, FL 33145-1823	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTINEZ, LUIS F 1671 CORAL GATE DRIVE MIAMI, FL 331451823	☐ Delete	MGR MARTINEZ, LUIS. F. 3211 S.W. 18 ST MIAMI, FL 33145-1845	☒ 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
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: _____ 4/26/05 (305) 322-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #