

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90102 005 ****50.00



DOCUMENT # L04000085227

1. Entity Name

AUTHENTIQUE PROFESSIONAL SERVICES, LLC

Principal Place of Business

9628 SW 146 PLACE
 MIAMI FL 33186

Mailing Address

9628 SW 146 PLACE
 MIAMI FL 33186

2. Principal Place of Business

15644 SW 72st
 Suite, Apt. #, etc.

3. Mailing Address

15644 SW 72st
 Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

74-3137766

Applied For

Not Applicable

Zip
 33193

Country
 USA

Zip
 33193

Country
 USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ISABELLE M
 2211 NW 170 AVE
 PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name Gerardo Florez

Street Address (P.O. Box Number is Not Acceptable)
 2211 NW 170 AVE

City Pembroke Pines

FL

Zip Code 33028

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Isabelle M Castillo

MARCH 29, 2005

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASTILLO, ISABELLE M	
STREET ADDRESS	9628 SW 146 PL	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AZNAR, ANTOINE	
STREET ADDRESS	9628 SW 146 PL	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Isabelle M Castillo*

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

3/29/05

Date

305-5784706

Daytime Phone #