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Jul 25, 2006 8:00 am
Secretary of State
06-09-2006 90251 001 ****50.00
06-09-2006 90251 002 ***155.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000011237

1. Entity Name
COSA NOSTRA, LLC

Principal Place of Business	Mailing Address
3075 NE 190 ST. APT. #206 AVENTURA, FL 33180	3075 NE 190 ST. APT. #206 AVENTURA, FL 33180

05152006 Chg-LLC · CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2281920 ☐ 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
PANIZZA, RICARDO GASTON 3075 NE 190 ST. APT. #206 AVENTURA, FL 33180	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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PANIZZA, RICHARDO G 3075 NE 190 ST. APT. #206 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PANIZZA RICARDO GASTON. 20200 NE 29 CRT #N 101. AVENTURA FL 33180	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ETCHENAUSSE, MAURICIO A 3075 NE 190 ST. APT. #206 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ETCHENAUSSE, MAURICIO A. 20200 NE 29 CRT #N 101. AVENTURA FL 33180.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AGUILA, ESTEBAN 3075 NE 190 ST. APT. #206 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AGUILA, ESTEBAN. 20200 NE 29 CRT #N 101. AVENTURA FL 33180	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 07/15/06 305-905-7201
SIGNATURE AND TYPED OR PRINTED NAME OF MGR, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #