

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000050224

**FILED**  
**Oct 28, 2006**  
**Secretary of State****Entity Name:** ALMAZ LLC**Current Principal Place of Business:**18090 COLLINS AVE  
T17-222  
SUNNY ISLES BEACH, FL 33160**New Principal Place of Business:****Current Mailing Address:**18090 COLLINS AVE  
T17-222  
SUNNY ISLES BEACH, FL 33160**New Mailing Address:****FEI Number:** 20-4149501**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OMAROV, ZAK  
18090 COLLINS AVE  
T17-222  
SUNNY ISLES BEACH, FL 33160 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: OMAROV, ZAK  
Address: 18090 COLLINS AVE T17-222  
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGR ( ) Change (X) Addition  
Name: NAROLA, BHARAT K  
Address: 18090 COLLINS AVE T17-222  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ZAK OMAROV

MGR

10/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date