

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061810

Entity Name: FISHKISS LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

6251 WEST 24 COURT, BLDG. 8 #102
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

6251 WEST 24 COURT, BLDG. 8 #102
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 20-3057293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

SANDELLI, KATHY M
4632 NW 107TH AVE
STE 2004
DORAL, FL, FL 33178 US

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: KATHY SANDELLI

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUZMAN, YUSEF
Address: 6251 WEST 24 COURT, BLDG. 8 #102
City-St-Zip: HIALEAH, FL 33016

Title: MGRM () Delete
Name: SANDELLI, KATHY
Address: 6789 MAIN STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SANDELLI, KATHY
Address: 4632 NW 107TH AVE, STE 2004
City-St-Zip: DORAL, FL 33178

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: KATHY SANDELLI

MGRM

04/30/2006

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