

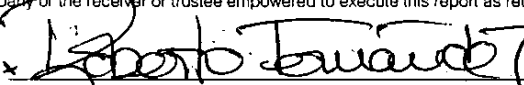


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90143 029 \*\*\*\*50.00

<b>DOCUMENT # L05000076243</b>					
1. Entity Name METRODISH, LLC					
Principal Place of Business 10485 NW 37 TERR MIAMI, FL 33178 US			Mailing Address 10485 NW 37 TERR MIAMI, FL 33178 US		
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 <b>203337398</b>	
				Applied For Not Applicable	
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name <b>ROBERTO FERNANDEZ</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>10525 BLUE PALM ST</b>		
			City <b>PLANTATION</b>		FL Zip Code <b>33324</b>
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 <b>7.14.06</b>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, OSWALDO		NAME		
STREET ADDRESS	4692 NW 107 AVE, APT. 1412		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROBERTO FERNANDEZ	
STREET ADDRESS			STREET ADDRESS	10525 BLUE PALM ST	
CITY-ST-ZIP			CITY-ST-ZIP	PLANTATION, 33324	
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RICHARD LOVELACE	
STREET ADDRESS			STREET ADDRESS	1111 Biscayne Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, 33181	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			DATE <b>2.14.06</b>		(305) 5927400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

20008372



02132006 Chg-LLC CR2E083 (11/05)