

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085234

Entity Name: ANDREW AND VIKTOR, LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

9201 LITTLE RIVER DR
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

9201 LITTLE RIVER DR
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 20-3377872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZAFRICKS, IMRE
424 E. CENTRAL BLVD
#106
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ANDRAS SZIJGYARTO
9201 LITTLE RIVER DRIVE
MIAMI, FL 33147 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: ANDRAS SZIJGYARTO

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SZIJGYARTO, ANDRAS
Address: 9201 LITTLE RIVER DR
City-St-Zip: MIAMI, FL 33147 US

Title: MGRM () Delete
Name: KARNIK, VIKTOR
Address: SZENT ISTVAN KRT 3
City-St-Zip: BUDAPEST, HU 1055 HU

Title: MGRM () Delete
Name: CSEKO, ANDREA
Address: 9201 LITTLE RIVER DR
City-St-Zip: MIAMI, FL 33147 US

ADDITIONS/CHANGES:

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

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

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

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: ANDRAS SZIJGYARTO

MR

04/30/2006

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