


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90200 006 ****50.00

DOCUMENT # L05000092643	
1. Entity Name OFELIA ONLINE LLC	

20017771

Principal Place of Business 1840 DEWEY ST. APT. # 103 HOLLYWOOD, FL 33020 US	Mailing Address 1840 DEWEY ST. APT. # 103 HOLLYWOOD, FL 33020 US
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2. Principal Place of Business <u>1840 DEWEY ST.</u>	3. Mailing Address <u>1840 DEWEY ST.</u>
Suite, Apt. #, etc. <u>APT. # 103</u>	Suite, Apt. #, etc. <u>APT. # 103</u>
City & State <u>HOLLYWOOD FL.</u>	City & State <u>HOLLYWOOD FL.</u>
Zip <u>33020</u> Country <u>U.S.</u>	Zip <u>33020</u> Country <u>U.S.</u>



03132006 Chg-LLC CR2E083 (11/05)

4. FEI Number <u>51-0554271</u>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINEZ FERNANDEZ, OFELIA MRS. 1840 DEWEY ST. APT. # 103 HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ FERNANDEZ, OFELIA MRS. 1840 DEWEY ST. APT. # 103, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/14/06

Date

954-927-0606

Daytime Phone #