

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000104250

1. Entity Name
COL ARG, LLC



Principal Place of Business
9600 N.W. 25 STREET, SUITE 5-F
MIAMI, FL 33175

Mailing Address
9600 N.W. 25 STREET, SUITE 5-F
MIAMI, FL 33175

2. Principal Place of Business
256 Reinette DR
Suite, Apt. #, etc.

3. Mailing Address
256 Reinette DR
Suite, Apt. #, etc.

City & State
Miami Springs, FL
Zip 33166 Country USA

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Miami Springs, FL
Zip 33166 Country USA

01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3737096 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELNIK, LILIANA A
9600 N.W. 25 STREET, SUITE 5-F
MIAMI, FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

256 Reinette DR

City Miami Springs, FL Zip Code 33166

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

01-12-2006

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM MELNIK, LILIANA A ☐ Delete
STREET ADDRESS 9600 N.W. 25 STREET, SUITE 5-F
CITY-ST-ZIP MIAMI, FL 33175

TITLE NAME MGRM GARCIA, MARTHA ☒ Delete
STREET ADDRESS 9600 N.W. 25 STREET, SUITE 5-F
CITY-ST-ZIP MIAMI, FL 33175

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 256 Reinette DR
CITY-ST-ZIP Miami Spring, FL 33166

TITLE NAME MGRM ☐ Change ☒ Addition
STREET ADDRESS Fabian Melnik
CITY-ST-ZIP 256 Reinette DR
Miami Springs, FL 33166

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 100064607931
01/27/06--01005--022 ***00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

01-12-2006