

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000001834</b>	
1. Entity Name AMAZONIA INTERNATIONAL, L.C.	

Principal Place of Business 10144 CEDAR DUNE DR TAMPA, FL 33624	Mailing Address 10144 CEDAR DUNE DR TAMPA, FL 33624
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**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</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

PERDOMO, ALBERTO  
10144 CEDAR DUNE DR  
TAMPA, FL 33624

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000147193  
05/03/04-80096-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERDOMO, JUAN 10144 CEDAR DUNE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERDOMO, ALBERTO 10144 CEDAR DUNE DR TAMPA, FL 33624
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** A. Perdomo      4/29/04      813-961-7375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #