2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006143

1. Entity Name
THE GUYS' INK, LLC.

Principal Place of Business	Mailing Address
10621 NORTH KENDALL DR, STE 204 MIAMI, FL 33176-1530	10621 NORTH KENDALL DR, STE 204 MIAMI, FL 33176-1530

01062004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0952463
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALEXANDER G. CUBAS, P.A.
10621 NORTH KENDALL DR., STE 204
MIAMI, FL 33176-1530

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ARGILAGOS, JAN L
STREET ADDRESS	10621 N KENDALL DR, STE 204
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	CASPER, CHRISTIANNE L
STREET ADDRESS	10621 N KENDALL DR, STE 204
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	CUBAS, JASON R
STREET ADDRESS	10621 N KENDALL DR, STE 204
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	CUBAS, ALEXANDER G
STREET ADDRESS	10621 N KENDALL DR, STE 204
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	CUBAS, MARIO A
STREET ADDRESS	10621 N KENDALL DR, STE 204
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	FLECHA, EMILIO F
STREET ADDRESS	10621 N KENDALL DR, STE 204
CITY-ST-ZIP	MIAMI, FL

U00000001235
01/09/04-80033-009 50.00

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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: _____ 1/6/2004 305-595-6337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #