LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Aug 19, 2002 8:00 an Secretary of State		
Internet Investment Club in Motion					08-19-2002 90140 001 ****50.00		
DO NOT WRITE IN THIS SPACE				08-19-2002 90140 002 *****5.00 - ยั0 4 ย ย			
		3. Mailing Address 5828 Donnelly Ci	Circle				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Orlando Florida		City & State Orlando Florida		4. FEI Number 59-3707975	Applied For Not Applicable		
Zip 32821	Country USA	^{Zip} 32821	Country		5. Certificate of Status Desired	\$5.00 Additional Fee Required	
			i gerie		7. Name and Address of Current Registers	d Agent	
				Name Alberto S. Cobian			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SPACE		5828 Donn				
				City Orlando		Zip Code - 32821	
8. The above	e named entity submits this statement for	the purpose of changing it	s registere	d office or registere	ed agent, or both, in the State of Florida.		
SIGNATURE ALL THE SIGNATURE .					8/16/2002		
SIGNATURE CSignature, typed or printed name of registered agent and title if applicable.					DATE		
9.	MANAGING MEMBES	Make Check P	A STATE OF THE STA	50.00 Department of MAY 1	State		
TITLE	President Alberto S. Cobian 5828 Donnelly Circle Orlando FL 32821		TITLE				
NAME			NAME		i Teografia de la Fillega en Granda.		
STREET ADDRESS CITY-ST-ZIP			STREE	TADORESS.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ramon E. Perez 501 Raquet Club Rd Apt 62 Weston Fl 33326			ADDRESS G-ZIP			
TITLE	Secretary	The same of the same of the same of	- ine			g of the second control of the second contro	
NAME STREET ADDRESS	Jose M. Torres			NAME STREE ADDRESS			
CITY-ST-ZIP	10 Birchwood Dr. New Hyde Park NY 11040			T ZIP	DO NOT WRITE		
TITLE			DTLE		i de de la companya d La companya de la comp		
NAME			NAME		IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS*			
TITLE	· · · · · · · · · · · · · · · · · · ·		I me				
NAME			HALE				
STREET ADDRESS			Dispersion of the contract of	ACCRESS			
CITY-ST-ZIP			, CITY = S	1/209-12-1			
TITLE NAME			TITLE NAME				
STREET ADDRESS				ADDRESS:	Care t		
CITY-ST-ZIP	<u> </u>		Cmy-s				
indicated limited liai	certify that the information supplied with it on this report is true and accurate and the bility company or the receiver or trustee of the second sec	nis filing does not qualify for at my signature shall have empowered to execute this	the exem the same is report as n	otion stated in Sect egal effect as if ma equired by Chapter	ion 119.07(3)(i), Florida Statutes, I further cert de under oath; that I am a managing membe 608-Florida Statutes.	ify that the information r or manager of the	

SIGNATURE: - 8/16/2002 (407) 239-4823

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