

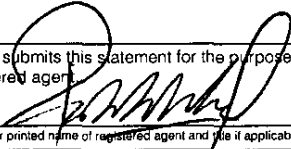
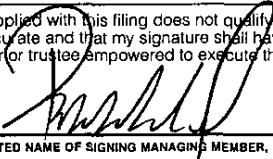


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90283 031 \*\*\*\*50.00

<b>DOCUMENT # L02000012464</b>					
1. Entity Name <b>INTERNATIONAL TOUCH INVESTMENTS, LLC</b>					
Principal Place of Business 19510 N.E. 17TH AVE. MIAMI, FL 33179		Mailing Address 19510 N.E. 17TH AVE. MIAMI, FL 33179		 04102004 Chg-LLC CR2E083 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>05-0551374</b>	Applied For <input 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			7. Name and Address of New Registered Agent		
GRISALES-RACINI, OSCAR ESQ. 13510 NE 17 AVE MIAMI, FL 33173			Name <b>PABLO HOBERMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>19510 NE 17 AVE</b> City <b>MIAMI</b> FL Zip Code <b>33179</b>		
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 		<b>PABLO HOBERMAN</b>		DATE <b>4/10/04</b>	
Signature, typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOBERMAN, PABLO		NAME		
STREET ADDRESS	19510 NE 17 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOBERMAN, CARINA		NAME		
STREET ADDRESS	19510 NE 17 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		DATE <b>4/10/04</b>		Daytime Phone # <b>786 393 8609</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	