


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-14-2004 90283 034 ****50.00

DOCUMENT # L02000015163

1. Entity Name
INTERNATIONAL TOUCH INVESTMENTS I, LLC




Principal Place of Business
**19510 N.E. 17TH AVENUE
 MIAMI, FL 33179**

Mailing Address
**19510 N.E. 17TH AVENUE
 MIAMI, FL 33179**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04102004 Chg-LLC CR2E083 (10/03)

4. FEI Number
82-0550678

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

6. Name and Address of Current Registered Agent
**OSCAR GRISALES-RACINI, ESQ.
 12550 BISCAYNE BLVD SUITE 405
 N MIAMI, FL 33181**

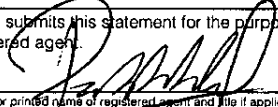
7. Name and Address of New Registered Agent

Name **PABLO HOBERMAN**

Street Address (P.O. Box Number is Not Acceptable)
19510 NE 17 AVE

City **MIAMI** FL Zip Code **33179**

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  **PABLO HOBERMAN** DATE **4/10/04**

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

Make check payable to Florida Department of State

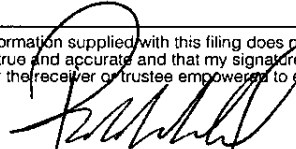
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HOBERMAN, PABLO	
STREET ADDRESS	19510 N.E. 17TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HOBERMAN, CARINA	
STREET ADDRESS	19510 N.E. 17TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 **4/10/04** DAYTIME PHONE # **786 393 8609**

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