
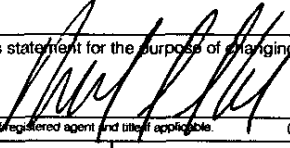
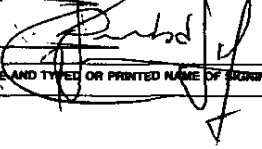


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90120 050 \*\*\*\*50.00

DOCUMENT # L03000039917			
1. Entity Name PACIFIC 99 GROUP, L.L.C.			
Principal Place of Business 44 W. FLAGLER ST., STE. 1575 MIAMI, FL 33130		Mailing Address 44 W. FLAGLER ST., STE. 1575 MIAMI, FL 33130	
2. Principal Place of Business 780 NW 133rd Ct. Suite, Apt. #, etc. 523 City & State Miami Florida		3. Mailing Address 780 NW 133rd Ct. Suite, Apt. #, etc. 523 City & State Miami Florida	
Zip 33126		Country USA	
4. FEI Number		Applied For <input checked="" 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 MESA, MANUEL A ESQ 44 W. FLAGLER ST., STE. 1575 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Roberto F. Fleitas, esq. Street Address (P.O. Box Number is Not Acceptable) 782 NW Le Jeune Road Suite 530 City Miami FL Zip Code 33126	
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 4-27-04	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR KASABDI, JORGE <input type="checkbox"/> Delete 44 W. FLAGLER ST., STE. 1575 MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TROTINO, JOSE <input type="checkbox"/> Delete 44 W. FLAGLER ST., STE. 1575 MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEFANO, JUAN J <input type="checkbox"/> Delete 44 W. FLAGLER ST., STE. 1575 MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 4/15/04 786-552-7858	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	