


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000057212**

1. Entity Name  
**IMVAL, LLC**



Principal Place of Business      Mailing Address

**2400 BISCAYNE BLVD**      **2400 BISCAYNE BLVD**  
**MIAMI, FL 33137**      **MIAMI, FL 33137**

**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-LLC      CR2ED83 (11/05)

4. FEI Number      Applied For  
**27-0098807**      Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMIREZ, ALEJANDRO**  
**20100 W COUNTRY CLUB DR**  
**PH9**  
**AVENTURA, FL 33180**

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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, 2006**


1100000477886  
 04/07/06-80008-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SAMPEDRO, RICHARD
STREET ADDRESS	3370 NE 190TH ST #2512
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	MGR
NAME	RUISANCHEZ, JULIO
STREET ADDRESS	681 BRICKELL KEY DR #3001
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	COCCHIOLA, TONY
STREET ADDRESS	5926 NW 110 CT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	COCCHIOLA, MICHEL A
STREET ADDRESS	5926 NW 110TH CT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       03/12/06      305-5720141

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