


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90030 022 ****55.00

| | |
|--|---|
| DOCUMENT # L04000057212 1. Entity Name IMVAL, LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 2400 BISCAYNE BLVD MIAMI, FL 33137 | Mailing Address 2400 BISCAYNE BLVD MIAMI, FL 33137 |
|--|--|

60040979



04232007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

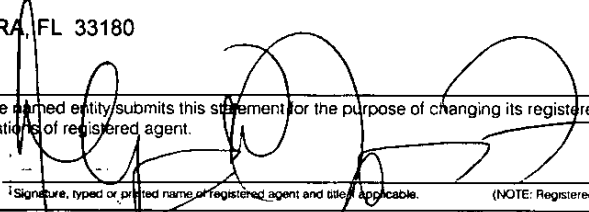
| | |
|--|---------------------------------------|
| 4. FEI Number 27-0098807 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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: 

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SAMPEDRO, RICHARD 3370 NE 190TH ST #2512 MIAMI, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RUISANCHEZ, JULIO 681 BRICKELL KEY DR #3001 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COCCHIOLA, TONY 5926 NW 110 CT MIAMI, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COCCHIOLA, MICHEL A 5926 NW 110TH CT 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: 

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

04-23-07 305-572 0141

Date Daytime Phone #