


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90036 029 ****50.00

DOCUMENT # L99000005449					
1. Entity Name GRUPO ESPIRAL, L.C.					
Principal Place of Business 2630 NW 97 AVENUE MIAMI, FL 33172		Mailing Address 2630 NW 97 AVENUE MIAMI, FL 33172			
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country <i>USA</i>	Zip	Country <i>USA</i>	4. FEI Number 65-0960415	
6. Name and Address of Current Registered Agent VELILLA, VICTORIA 7370 NW 36 STREET STE 325H MIAMI, FL 33166				7. Name and Address of New Registered Agent Name <i>VELILLA VICTORIA</i> Street Address (P.O. Box Number is Not Acceptable) <i>2004 NW 142 WAY</i> City <i>Pembroke Pines</i> FL Zip Code <i>33028</i>	
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 <i>V. Velilla de T.</i> <i>VELILLA VICTORIA REGISTERED AGENT</i> <i>04/13/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 VELILLA, VICTORIA 7370 NW 36 ST #325H MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VELILLA Victoria 2004 NW 142 WAY Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOBON, PAULA 1465 MIRARISTA CIRCLE WESTON, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tobon Paula 2004 NW 142 WAY Pembroke Pines, FL 33028	<input checked="" 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
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: <i>V. Velilla de T.</i> <i>VELILLA VICTORIA MGR</i>			Date <i>04/13/04</i>		Daytime Phone # <i>305-477-5060</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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04132004 Chg-LLC CR2E083 (10/03)

Applied For Not Applicable

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