

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015617

1. Entity Name

P & P INVESTMENT GROUP, LLC



Principal Place of Business

2121 DOUGLAS ROAD, 3RD FLOOR
MIAMI, FL 33145

Mailing Address

2121 DOUGLAS ROAD, 3RD FLOOR
MIAMI, FL 33145



03032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0468261

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, FIDEL A
2121 DOUGLAS ROAD, 3RD FLOOR
MIAMI, FL 33145

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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U00000091692
03/18/04-80019-010 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEREZ, FIDEL A
STREET ADDRESS	2121 DOUGLAS ROAD, 3RD FLOOR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	PEREZ-ZARRAGA, DANIEL
STREET ADDRESS	2121 DOUGLAS ROAD, 3RD FLOOR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Fidel A. Perez

03/02/04

(305)444-4545

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

Date

Daytime Phone #