

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90279 001 ***150.00

DOCUMENT # L02000024284

1. Entity Name

BANKERS MEETINGS LLC



Principal Place of Business

**2828 SW 22 ST., E208
MIAMI FL 33145**

Mailing Address

**701 SW 27 AVE., #606
MIAMI FL 33135**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

56-2293646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIDAL, VICTOR L
701 SW 27 AVE., #606
MIAMI FL 33135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HORACIO GIMENEZ ZAPIOLA
STREET ADDRESS 2828 SW 22 ST., #208
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME IGNACIO GIMENEZ ZAPIOLA
STREET ADDRESS 2828 SW 22 ST., #208
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME FERNANDO GIMENEZ ZAPIOLA
STREET ADDRESS 2828 SW 22 ST #208
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

V. J. Vidal

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

3/11/04

Date

Daytime Phone #