

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025342

FILED
Apr 29, 2004
Secretary of State

Entity Name: PEREIRA INVESTMENT GROUP, LLC

Current Principal Place of Business:

7330 NW 12 ST
102
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

PO BOX 557243
MIAMI, FL 33255

New Mailing Address:

FEI Number: 20-0083094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CMS INTERNATIONAL ENTERPRISES, INC
2600 DOUGLAS ROAD
400
CORAL GABLES, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PEREIRA, JOSE
Address: 7330 NW 12TH STREET, SUITE 102
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: PEREIRA, JOSE JR
Address: 7330 NW 12TH STREET, SUITE 102
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PEREIRA, JOSE JR
Address: 7330 NW 12TH STREET, SUITE 102
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Change (X) Addition
Name: PEREIRA, DAVID
Address: 7330 NW 12TH STREET, SUITE 102
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSE PEREIRA

MGRM

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date