


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002070 1. Entity Name INVERCELL, L.L.C.	
---	---

Principal Place of Business 8986 W. FLAGLER STREET, #8 MIAMI, FL 33174	Mailing Address 8986 W. FLAGLER STREET, #8 MIAMI, FL 33174
--	--

DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0984907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MELHEM, ANTOINE 8986 W. FLAGLER ST., SUITE 8 MIAMI, FL 33174

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MELHEM, ANTOINE 8986 W. FLAGLER ST. #8 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MELHEM, ANTOINE 8986 W. FLAGLER ST. #8 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: _____ **04-27-04 3053010543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #