2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000005460

1. Entity Name
IBERINVEST, L.L.C.

Principal Place of Business	Mailing Address
8206 NW 30 TERR MIAMI, FL 33122	8206 NW 30 TERR MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

FILED
Jan 15, 2004 08:00 AM
Secretary of State

01072004No Chg-LLC   CR2E083 (10/03)

4. FEI Number 65-1015318	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WESLEY M ESQ
501 BRICKELL KEY DR
SUITE 504
MIAMI, FL 33131

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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 _____ *NO* _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HAUB, ADRIANNA H
STREET ADDRESS	8206 NW 30 TERR
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	MGR
NAME	ALFREDO, SPADARO D
STREET ADDRESS	8206 NW 30 TERR
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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-01/16/04-80001-007 50.00

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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: _____   01/12/04   305-994 1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #