


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90203 002 ****50.00

DOCUMENT # L000Q0008854	
1. Entity Name CAPITALESDERIESGO.COM, L.L.C.	

Principal Place of Business 3440 HOLLYWOOD BLVD., #360 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD., #360 HOLLYWOOD, FL 33021
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2. Principal Place of Business 18851 NE 29th Ave.	3. Mailing Address 18851 NE 29th Ave
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33180 Country USA	Zip 33180 Country USA



01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1027452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ROTH, LEONARDO A 3440 HOLLYWOOD BLVD., #360 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name ROTH, LEONARDO A. Esq Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave Suite 900 City AVENTURA FL Zip Code 33180	
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 LEONARDO A. ROTH, Esq DATE 02/24/04	

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORIGIAN, FERNANDO 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	18851 NE 29th Ave suite 900 Aventura FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORIGIAN, JOSE 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	18851 NE 29th Ave suite 900 Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **HORIGIAN, Fernando, MGRM** **02/24/04** **786.279.0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #