


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90029 037 ****50.00

DOCUMENT # L00000013244					
1. Entity Name EL INMIGRANTE EN ESPANOL, LLC					
Principal Place of Business 2699 COLLINS AVE. 126 113 MIAMI BEACH, FL 33140			Mailing Address PO BOX 403817 MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04232004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-1056599				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			7. Name and Address of New Registered Agent		
ARROM, ORLANDO 10556 NW 26TH ST. SUITE 203 MIAMI, FL 33172			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, MAURICIO 3400 NE 192 STREET #803 AVENTURA, FL 33180 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Claudia Rosenow 8888 Collins Avenue # 307 Surfside, FL. 33154 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD, MARIA EUGENIA 3400 NE 192 STREET #803 AVENTURA, FL 33180 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u>Claudia Rosenow</u> CLAUDIA ROSENOW 5/26/04 305-534-6555					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					