

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013900**

1. Entity Name  
**GERSO INVESTMENTS, L.L.C.**



Principal Place of Business  
**10530 NW 26 STREET,  
SUITE F-101  
MIAMI, FL 33172**

Mailing Address  
**P.O. BOX 524636  
MIAMI, FL 33152 US**



01182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1057894**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SOTELO, HUGO  
10530 NW 26 STREET  
SUITE F-101  
MIAMI, FL 33172**

**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

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, 2005**

000000197111  
01/26/05-80099-001 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SOTELO, HUGO A MGR
STREET ADDRESS	7240 NW 113 COURT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	SOTELO, NUBIA M MGR
STREET ADDRESS	7240 NW 113 COURT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	ALHENA INTERNATIONAL FITTING CORP
STREET ADDRESS	10530 NW 26 STREET, SUITE F-101
CITY-ST-ZIP	MIAMI, FL 33172
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**HUGO SOTELO**

**01/18/2005**

Date

**305-463-6774**

Daytime Phone #