

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001426**

1. Entity Name  
MASPARADIGM FINANCIAL GROUP, L.L.C.



Principal Place of Business  
800 DOUGLAS ROAD  
SUITE 900  
CORAL GABLES, FL 33134

Mailing Address  
PO BOX 14-1898  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1071434

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

MAS CANOSA, RAMON E  
800 DOUGLAS ROAD  
SUITE 900  
CORAL GABLES, FL 33134

**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, 2004**

000000127970  
04/26/04-80019-018 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MAS CANOSA, RAMON E  
6350 SW 114 ST  
MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SOLOMON, JOEL H  
1021 PLACETAS AVE  
CORAL GABLES, FL 33146

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

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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:** **RAMON E. MAS**

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

**Date**

**Daytime Phone #**