2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022863

1. Entity Name
BELTRAN INVESTMENTS UNLIMITED, LLC

Principal Place of Business	Mailing Address
2910 NW 171 TERRACE MIAMI, FL 33056	2910 NW 171 TERRACE MIAMI, FL 33056

02272005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0552501
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

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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 CORP CREATIONS 2/27/05
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

UO0000299329
04/11/05-80103-013 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BELTRAN, JULIO G
STREET ADDRESS	2910 NW 171 TERRACE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	MGRM
NAME	BELTRAN, JACQUELINE L
STREET ADDRESS	2910 NW 171 TERRACE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	MGRM
NAME	BELTRAN, MANUELA T
STREET ADDRESS	2910 NW 171 TERRACE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	MGRM
NAME	BELTRAN, JORGE A
STREET ADDRESS	2910 NW 171 TERRACE
CITY-ST-ZIP	MIAMI, FL 33056
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] 2/27/05 (305)6246401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #