

**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 2910 NW 171 TERRACE MIAMI, FL 33056	Mailing Address 2910 NW 171 TERRACE MIAMI, FL 33056
---	---

DO NOT WRITE IN THIS SPACE

02272005 No Chg-LLC

CR2E083 (10/03)

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**

**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 **CORP CREATIONS** DATE **2/27/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

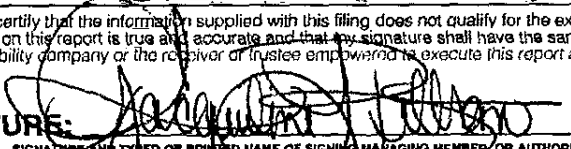
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELTRAN, JULIO G 2910 NW 171 TERRACE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELTRAN, JACQUELINE L 2910 NW 171 TERRACE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELTRAN, MANUELA T 2910 NW 171 TERRACE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELTRAN, JORGE A 2910 NW 171 TERRACE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000299329
04/11/05-80103-013 55.00

**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:  DATE **2/27/05** DAYTIME PHONE # **(305) 624 6401**

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