# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Name C.E.M. GLOBAL, L.L.C.

DOCUMENT # L02000005527

Principal Place of Business

6950 NW 77TH CT MIAMI, FL 33166

Mailing Address

6950 NW 77TH CT MIAMI, FL 33166

## **FILED** Apr 30, 2004 08:00 AM Secretary of State



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04272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 27-0004508 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SACHER, CHARLES P. 2655 LEJEUNE RD **SUITE 1101** MIAMI, FL 33134

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|   | named entity submits this statement for the purpose of chains of registered agent. | inging its registered office or registered agent, or bo     | th, in the State of Florida. I am familiar with, and accept |
|---|--|---|---|
| SIGNATURE_                              | Signature, typed or printed name of registered agent and title if applicable       | (NOTE Registered Agent signature required when reinstating) | DATE  |
| Fi                                      | iling Fee is \$50.00<br>ue by May 1, 2004  |   | U0000145613<br>05/03/04-80033-009 55.00                     |
| 9.                                      | MANAGING MEMBERS/MANAGERS  |   |   |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP   | MGR<br>;EYVA, GIRALDO JR<br>6950 NW 77TH CT<br>MIAMI, FL 33166                     |   |   |
| TITLE NAME STREET ADDRESS CHECK CL 2/19 |  |   |   |

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11. I hereby certify that the information indicated on this report is true and limited liability company or the rep he 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 out 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 any or the repeiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS City - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

> ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND

Daytima Phone #