2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2003
Secretary of State

DOCUMENT# L02000005653

Entity Name: INFERM PARTNERS GROUP, LLC.

Current Principal Place of Business:

13040 SOUTHWEST 83 AVENUE
PINECREST, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

13040 SOUTHWEST 83 AVENUE
PINECREST, FL 33156 US

New Mailing Address:

FEI Number: 81-0545700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE LA TORRE, JORGE N
20440 SOUTHWEST 85 AVENUE
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	PIE REALTY INVESTMEN, TS, INC.	
Address:	13040 SOUTHWEST 83 AVENUE	
City-St-Zip:	PINECREST, FL 33156 US	
Title:	MGR	( ) Delete
Name:	KIDTOWN, INC.,	
Address:	20440 SOUTHWEST 85 AVENUE	
City-St-Zip:	MIAMI, FL 33189 US	
Title:	MGR	( ) Delete
Name:	AN ELEGANT TOUCH, IN, C.	
Address:	9901 SOUTHWEST 60 AVENUE	
City-St-Zip:	PINECREST, FL 33156 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CARLOS CARBALLO MGR 03/16/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date