

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90283 010 ****50.00

DOCUMENT # L02000006168

1. Entity Name

PRO-TOUCH OF MIAMI, LLC



Principal Place of Business

7370 NW 36 ST. SUITE 380
 MIAMI FL 33166

Mailing Address

7370 NW 36 ST. SUITE 380
 MIAMI FL 33166

2. Principal Place of Business

9819 N.W. 30 ST.

Suite, Apt. #, etc.

3. Mailing Address

9819 N.W. 30 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

03-0406716

Applied For

Not Applicable

Zip

33172

Country

U.S.

Zip

33172

Country

U.S.

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, GUSTAVO V
 7921 SW 40TH ST. SUITE 50
 MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JORDAN, JAMES A	
STREET ADDRESS	7370 NW 36 ST. SUITE 380	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	JORDAN, JAMES	
STREET ADDRESS	7370 NW 36 ST. SUITE 380	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	THEN, SERGIO I	
STREET ADDRESS	7370 NW 36 ST. SUITE 380	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *J Jordan*

2/20/04

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

Date Daytime Phone #