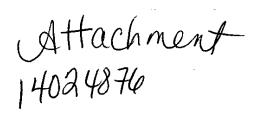
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 07, 2004 8:00 am Secretary of State

| ANNUAL REPORT | | | | | Secretary of State | | | |
|---|---|---|--|---|---------------------------|--|-----------------------------|--|
| DOCUMENT # L0200006367 1. Entity Name INOVACIONES INVESTMENTS, LLC | | | | | | 90018 001 **** | | |
| Principal Plac 7848 NW 46 MIAMI, FL 3 | STREET | Mailing Address 7848 NW 46 STREET MIAMI, FL 33166 | ار بولاد العالم المعالم المعال المعالم المعالم المعال | - المجالية المجالة (المجالة - المجالة - المجالة - المجالة المجالة (المجالة المجالة (المجالة المجالة (المجالة المجالة (ال | ر | orio de la companyo d | <u> </u> | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07022004 | Chg-LLC | CR2E083 (10/03) | | |
| City & Stat | e " | City & State | | 4. FEI Numb 01-064 | | | pplied For ot Applicable | |
| Zip | Country | Zip | Country | <u>'</u> | of Status Desired | S5.00 Ade Fee Require | | |
| | | 7. Name and Address of New Registered Agent Name ROCHA, LUIS Street Address (P.O. Box Number is Not Acceptable) 11137 NW 5546 Place City Park laud FL Zip Code 333076 | | | | | | |
| 8. The above named entity submits this statement for the purpose 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, typet or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filling Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State | | | | | | | | |
| 9. | MANAGING MEMBER | RS/MANAGERS | 10. | | ADDITIONS/ | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHA, EDWARD 10954 NW 61 ST CT PARKLAND, FL 33076 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROCHA, NARCIAL 10954 NW 61 ST CT PARKLAND, FL 33076 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZocHA MA 11137 NN BARKAUA | aclation A | Change luce | Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | VP " ROCHA, LUIS 11137 NW 58TH PLACE PARKLAND, FL 33076 | . Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition ' | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ¹ ROCHA, FRANCISCA 11137 NW 58TH PLACE PARKLAND, FL 33076 | □ Defete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ROCHA, NAGDA 10954 NW 61 ST CT PARKLAND, FL 33076 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ROCHA HI 1113+ NU PENKRUUG | 490A U STH 9 17 330 | Change Hace | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , Change | ☐ Addition | |

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 it 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: O6/30/04 (30) 994-V



June, 30 2004

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

Re: INOVACIONES INVESTMENTS, LLC L02000006367

Dear Sir,

Please find enclosed a check in the amount of \$50.00, and Uniform Business Report 2004 for the above named Corporation. The reason a Uniform Business Report was not mailed in timely is we never received the form. Please abate the penalties and accept this \$50.00 as the fee for year 2004.

Thank you for your understanding.

Sincerely

Luis Rocha_ Member