

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90160 002 ****50.00

DOCUMENT # L02000007614					
1. Entity Name CARICIA INTIMA INTERNATIONAL, L.L.C.					
Principal Place of Business 8372 MILLS DR MIAMI, FL 33183		Mailing Address 8372 MILLS DR MIAMI, FL 33183			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0571041	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RESTREPO, DORIS 8372 MILLS DR MIAMI, FL 33183			7. Name and Address of New Registered Agent Name <i>Cesar Augusto Jimenez Zarate</i> Street Address (P.O. Box Number is Not Acceptable) <i>8372 Mills Drive</i> City <i>Miami</i> FL Zip Code <i>33183</i>		
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 <i>Cesar Jimenez Z</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>2/10/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZARATE, MARIA VICTORIA	NAME			
STREET ADDRESS	8612 SW 147 PLACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JIMENEZ-GALLEGO, DANIEL A	NAME			
STREET ADDRESS	8612 SW 147 PLACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JIMENEZ-ZARATE, CESAR AUGUSTO	NAME			
STREET ADDRESS	8612 SW 147 PLACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Cesar Jimenez Z</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <i>2/10/04</i> (305) 279-4580 <small>Date Daytime Phone #</small>		

24010399



02102004 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

\$5.00 Additional Fee Required

2/10/04

2/10/04 (305) 279-4580