
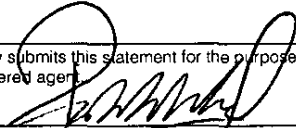
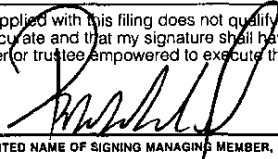


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90283 031 \*\*\*\*50.00

<b>DOCUMENT # L02000012464</b>					
<b>1. Entity Name</b> INTERNATIONAL TOUCH INVESTMENTS, LLC					
<b>Principal Place of Business</b> 19510 N.E. 17TH AVE. MIAMI, FL 33179			<b>Mailing Address</b> 19510 N.E. 17TH AVE. MIAMI, FL 33179		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 05-0551374	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GRISALES-RACINI, OSCAR ESQ. 13510 NE 17 AVE MIAMI, FL 33173			Name <b>PABLO HOBERMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>19510 NE 17 AVE</b> City <b>MIAMI</b> FL Zip Code <b>33179</b>		
<b>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.</b> SIGNATURE  <b>PABLO HOBERMAN</b> DATE <b>4/10/04</b> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOBERMAN, PABLO 19510 NE 17 AVE MIAMI, FL 33179		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOBERMAN, CARINA 19510 NE 17 AVE MIAMI, FL 33179		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
<b>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.</b>			SIGNATURE  DATE <b>4/10/04</b> DAYTIME PHONE # <b>786 393 8609</b>		