2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000012464 1. Entity Name INTERNATIONAL TOUCH INVESTMENTS, LLC						04-14-2004 9	90283 031 ****5	0.00
Principal Place 19510 N.E. MIAMI, FL 3.	17TH AVE.	Mailing Address 19510 N.E. 17TH AVE MIAMI, FL 33179	19510 N.E. 17TH AVE.				٠.	1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Number 05-0551374			oplied For ot Applicable
Zip	Country	Zip Cou		ry 5. Certificate o		of Status Desired	□ \$5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent			
GRISALES-RACINI, OSCAR ESQ.				Name PAR	3/0 m	BERMAN)	
13510 NE MIAMI, FL	17 AVE			Street Address	(P.O. Box Numb	per is Not Acceptable) 	
		$-\Omega$		City (M) A	\mathcal{I}\)		FL Zig God	79
8. The above named entity submits this statement for the outpose 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.								
And I Market Danie State on the Late of th								
SIGNATURE Signature, typed or printed name of registered agent and applicable. (NOTE: Registered agent and plus if applicable.) (NOTE: Registered agent and plus if applicable.) (NOTE: Registered agent and plus if applicable.)				d Agent signature required	a when reinstating)		check payable to Department of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/0	CHANGES	
TITLE COLUMN	P HOBERMAN, PABLO	☐ Delete	TITLE NAMI	1			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	19510 NE 17 AVE MIAMI, FL 33179		STRE	ET ADDRESS -ST-ZIP				
TITLE NAME	VP HOBERMAN, CARINA	☐ Delete	TITLE	1			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	19510 NE 17 AVE MIAMI, FL 33179			ET ADDRESS - ST- ZIP				
TITLE	MINNI, (E 33173	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	w · ·		NAM: STRE	E Et address		in de mi⊋e		~
CITY-ST-ZIP				-ST-ZIP			·	
TITLE NAME		☐ Delete	TITLE NAMI				☐ Change	Addition (
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZiP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME Street address	× -		NAMI STRE	ET ADDRESS				ŀ
CITY-ST-ZIP				-ST-ZIP	·		F3 01	C Addition
TITLE NAME		☐ Delete	TITLE NAMI				Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -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 triat 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: 2/18/04 786 383 8609 SIGNATURE: Date Description of Designing Managing Member, Manager, Or authorized Representative Date Designing Phone of Designing Ph								