

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014126

Entity Name: BELVEN GROUP, LLC

FILED
Mar 10, 2004
Secretary of State

Current Principal Place of Business:

2100 PONCE DE LEON BLVD., STE. 600
CORAL GABLES, FL 33134 US

New Principal Place of Business:

767 N.W. 167TH ST
MIAMI, FL 33169 US

Current Mailing Address:

2100 PONCE DE LEON BLVD., STE. 600
CORAL GABLES, FL 33134 US

New Mailing Address:

767 N.W. 167TH ST
MIAMI, FL 33169 US

FEI Number: 04-3683165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE
2100 PONCE DE LEON BLVD., STE. 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AMEVISANET, LC
600 NE 36TH ST
SUITE C4-4
MIAMI, FL 33137 US

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.

SIGNATURE: ANGEL CISNEROS

03/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BELO, LUIS M
Address: 701 SW 109 AVENUE, # 205
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM () Delete
Name: HIERROS GUARENAS, C., A.
Address: AV. INTERCOMUNAL, EDF. HIERROS GUARENAS
City-St-Zip: GUARENAS, MI 1220 VZ

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS BELO

MGRM

03/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date