

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90209 010 ****50.00

DOCUMENT # L02000025639

1. Entity Name
PREMIUM GROUP, L.L.C.



Principal Place of Business
**1580 SAWGRASS CORPORATE PARKWAY,
SUITE 130
SUNRISE, FL 33323**

Mailing Address
**1580 SAWGRASS CORPORATE PARKWAY,
SUITE 130
SUNRISE, FL 33323**

44009991

2. Principal Place of Business
1110 BRICKELL AVE PH-2

3. Mailing Address
1110 BRICKELL AVE PH-2

Suite, Apt. #, etc.
MIAMI, FLORIDA 33131

Suite, Apt. #, etc.
MIAMI, FLORIDA 33131

01262004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
56-2297985

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTIEL DAVIS & WOODWARD KIMBER, P.A.
111 N.E. 1ST STREET, 5F
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **FOGOLA, PABLO O.**
STREET ADDRESS **1340 NW 126TH AVE**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **GODOY CRUZ 3150 "9C"**
CITY-ST-ZIP **C1425FQT, CAPITAL FEDERAL
ARGENTINA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Phone

02/02/2004

(1-800) 330-4728

ATT: MANUEL