


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90099 004 \*\*\*\*55.00

<b>DOCUMENT # L02000027362</b>			
1. Entity Name DAMAR INVESTMENT GROUP L.L.C.			
Principal Place of Business 12380 SW 130TH ST. MIAMI, FL 33186		Mailing Address 12380 SW 130TH ST. MIAMI, FL 33186	
2. Principal Place of Business Suite, Apt. #, etc. <i>N/A</i>		3. Mailing Address Suite, Apt. #, etc. <i>N/A</i>	
City & State <i>A</i>		City & State <i>A</i>	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 35-219 0931		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CABRAL, DAGOBERTO A. 12380 SW 130TH ST. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name <i>MARCOS A. MARTINEZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>12380 SW 130 STREET</i> City <i>MIAMI</i> FL Zip Code <i>33186</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>[Signature]</i> DATE: <i>Feb/12/04</i> <small>Signature typed in printer's font of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, MARCOS A 12380 SW 130TH ST. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRAL, DAGOBERTO 12380 SW 130TH ST. MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>[Signature]</i>		MARCOS MARTINEZ Feb/12/04 (305)986-7090	
<small>SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

*Alta Chm Bear*

34000969

# 20200027362

**DAMAR INVESTMENT GROUP L.L.C.**

12380 SW 130<sup>TH</sup> STREET

MIAMI, FLORIDA 33186

February 26<sup>th</sup>, 2004  
VIA US MAIL ON 2/26/04

Division of Corporations  
**FLORIDA DEPARTMENT OF STATE**  
P.O. Box 6478  
Tallahassee, Florida 32314

**SUBJECT:** FEI Number

---

Dear Sir or Madam:

Pursuant to my last telephone conversation with Michelle Hodges, I am enclosing a copy of the 2004 Limited Liability Company Annual Report with our FEI number included. In addition, I have attached a copy of the FEI Application. Please proceed accordingly so that our annual report can be filed and processed as soon as possible.

If you have any questions please contact Mr. Marcos Martinez at (305) 986-7050. Thank you for your cooperation.

Sincerely,  
**DAMAR INVESTMENT GROUP**

*Liz M. Guardia*

Liz M. Guardia  
Administrative Assistant

Form SS-4

(Rev. December 2001) Department of the Treasury Internal Revenue Service

# Attachment MRS. VARSO Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.

EIN **35-2190931**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>DAMAR INVESTMENT GROUP L.L.C.</b>	
	2 Trade name of business (if different from name on line 1) <b>NA</b>	3 Executor, trustee, "care of" name <b>NA</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>2950 SW 71 AVE.</b>	5a Street address (if different) (Do not enter a P.O. box.) <b>NA</b>
	4b City, state, and ZIP code <b>MIAMI, FL 33155</b>	5b City, state, and ZIP code <b>NA</b>
	6 County and state where principal business is located <b>MIAMI-DADE</b>	
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>MARCOS A. MARTINEZ</b>	7b SSN, ITIN, or EIN <b>590-07-2613</b>

**34000969**  
**#2000027362**

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>ONE MEMBER</b>	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>FL</b>	Foreign country
--------------------	-----------------

9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)  
**10-18-2002**

11 Closing month of accounting year  
**DECEMBER**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-"

Agricultural	Household	Other
<b>0</b>	<b>0</b>	<b>0</b>

14 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input checked="" type="checkbox"/> Other (specify) <b>INVESTMENTS</b>	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**INVESTMENTS**

16a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
Designee's name <b>YANET AVILA</b>	Designee's telephone number (include area code) <b>( 305 ) 444-4994</b>
Address and ZIP code <b>1000 PONCE DE LEON BLVD., #101, CORAL GABLES, FL 33134</b>	Designee's fax number (include area code) <b>( 305 ) 444-4977</b>
	Applicant's telephone number (include area code) <b>( 305 ) 260-9555</b>
	Applicant's fax number (include area code) <b>( 305 ) 260-9777</b>

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **MARCOS A. MARTINEZ**

Signature ▶ *Marcos Martinez* Date ▶