

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90038 031 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000028333
 1. Entity Name
ILOVIVA INVESTMENTS, LLC



Principal Place of Business 500 NW 24 ST. MIAMI, FL 33127	Mailing Address 500 NW 24 ST. MIAMI, FL 33127
---	---

14018006



05032005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3881659	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

BALLESTAS, VICTOR
500 NW 24 ST.
MIAMI, FL 33127

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

**Filing Fee is \$50.00
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, VICTOR 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, IVETTE 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, VICTOR MANUEL 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, IVONNE M 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, LOREN 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, VANESSA 500 NW 24 ST. MIAMI, FL 33127

**DO NOT WRITE
 IN THIS SPACE**

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: *Victor Ballestas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/1/05 **305 576-3308**
 Date Daytime Phone #