FILED
May 29, 2003 8:00 am
Secretary of State

04-21-2003 90138 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000030772

1. Entity Name

INTERNATIONAL MANAGEMENT & INVESTMENT GROUP LLC

44002840

Principal Place of Business	Mailing Address
~~2665 S. BAYSHORE DRIVE STE. 703~~	~~2665 S. BAYSHORE DRIVE STE. 703~~
~~MIAMI FL 33133~~	~~MIAMI FL 33133~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1746 Meridian Ave	1746 Meridian Ave 4
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. 4
City & State Miami Beach, FL	City & State Miami Beach FL
Zip 33139 Country	Zip 33139 Country

4. FEI Number 13-4230442 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~WORLD CORPORATE SERVICES, INC.~~
2665 S. ~~BAYSHORE~~ DRIVE STE. 703
~~MIAMI FL 33133~~

7. Name and Address of New Registered Agent

Name Edward Moses

Street Address (P.O. Box Number is Not Acceptable) 1746 Meridian Ave Ap. 4

City Miami Beach FL Zip Code 33139

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] 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOSES, EDUARDO ~~2665 S. BAYSHORE DRIVE STE. 703~~ ~~MIAMI FL 33133~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOSES, EDUARDO 1746 MERIDIAN AVE. Ap. 4 MIAMI BEACH, FL 33139	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE REQUIRED [signature] 4/16/03 305 532 9763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #