

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006315

FILED
Aug 26, 2004
Secretary of State

Entity Name: RFAP CORPORATE GROUP, LLC

Current Principal Place of Business:

20533 BISCAYNE BOULEVARD
SUITE 1101
AVENTURA, FL 33180

New Principal Place of Business:

1541 BRICKELL AVENUE
APT. 803
MIAMI, FL 33129

Current Mailing Address:

20533 BISCAYNE BOULEVARD
SUITE 1101
AVENTURA, FL 33180

New Mailing Address:

1541 BRICKELL AVENUE
APT. 803
MIAMI, FL 33129

FEI Number: 02-0686868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GABRIEL, PRATS
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134 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: GABRIEL PRATS

08/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HERRERA, ALBERTO
Address: 1541 BRICKELL AVENUE APT. 803
City-St-Zip: MIAMI, FL 33129

Title: MGR () Change (X) Addition
Name: HERRERA, ADELA A
Address: 1541 BRICKELL AVENUE APT. 803
City-St-Zip: MIAMI, FL 33129

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: ALBERTO HERRERA

MGR

08/26/2004

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