

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009426

FILED
Mar 03, 2004
Secretary of State

Entity Name: DUI LEGAL HELP CENTER, LLC

Current Principal Place of Business:

1999 SW 27TH AVENUE
2ND FLOOR
MIAMI, FL 33145 US

New Principal Place of Business:

1999 SW 27 AVENUE
SECOND FLOOR
MIAMI, FL 33145 US

Current Mailing Address:

1999 SW 27TH AVENUE
2ND FLOOR
MIAMI, FL 33145 US

New Mailing Address:

1999 SW 27 AVENUE
SECOND FLOOR
MIAMI, FL 33145 US

FEI Number: 80-0058750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, GINA
1999 SW 27TH AVENUE
2ND FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MENDEZ, GINA
1999 SW 27 AVENUE
SECOND FLOOR
MIAMI, FL 33145 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: GINA MENDEZ

03/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MENDEZ, GINA
Address: 1999 SW 27TH AVENUE, 2ND FLOOR
City-St-Zip: MIAMI, FL 33145 US

Title: MGRM () Delete
Name: PALLAS, GEORGE
Address: 1999 SW 27TH AVENUE, 2ND FLOOR
City-St-Zip: MIAMI, FL 3145 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GINA MENDEZ

MGRM

03/03/2004

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