

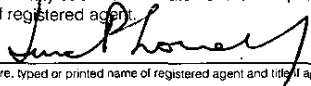
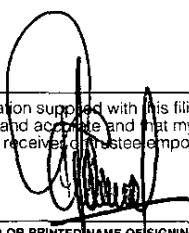


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90329 020 \*\*\*150.00

<b>DOCUMENT # L03000009922</b>					
<b>1. Entity Name</b> NORTH MIA INVESTMENTS, LLC					
<b>Principal Place of Business</b> <del>12550 BISCAYNE BLVD., SUITE 405</del> <del>NORTH MIAMI, FL 33181</del>			<b>Mailing Address</b> <del>12550 BISCAYNE BLVD., SUITE 405</del> <del>NORTH MIAMI, FL 33181</del>		
<b>2. Principal Place of Business</b> 18851 NE 29 AV Suite, Apt. #, etc. 105		<b>3. Mailing Address</b> 2742 BISCAYNE BLVD Suite, Apt. #, etc.			
<b>City &amp; State</b> AVENTURA FL		<b>City &amp; State</b> Miami FL		<b>4. FEI Number</b> 20-0934922	
<b>Zip</b> 33180		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <del>ORIGALES RACIN, OSCAR ESQ.</del> <del>12550 BISCAYNE BLVD., SUITE 405</del> <del>NORTH MIAMI, FL 33181</del>			<b>7. Name and Address of New Registered Agent</b> Name <b>JUAN P. LORENZINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>18851 N.E. 29 AV SUITE 105</b> City <b>AVENTURA</b> FL Zip Code <b>33180</b>		
<b>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.</b> SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>BARREIRO, PABLO</b> <del>12550 BISCAYNE BLVD., SUITE 405</del> <del>NORTH MIAMI, FL 33181</del>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>18851 NE 29 AV SUITE 105</b> <b>AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<del>MGRM</del> <del>BARREIRO, PABLO</del> <del>12550 BISCAYNE BLVD., SUITE 405</del> <del>NORTH MIAMI, FL 33181</del>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>JUAN P. LORENZINO</b> <b>18851 NE 29 AV SUITE 105</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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<b>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, trustee or empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	