2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# L03000010955

Entity Name: VIRTUS ENTERPRISES, LLC

Current Principal Place of Business:

1758 VICTORIA POINTE CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

P.O BOX 820668
SOUTH FLORIDA, FL 33082

New Mailing Address:

P.O BOX 267293
WESTON, FL 33326

FEI Number: 04-3749737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLAVIJO, IRENE V
1758 VICTORIA POINTE CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CLAVIJO, GONZALO A
Address: 1758 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGR ( ) Delete
Name: CLAVIJO, IRENE V
Address: 1758 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

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: IRENE V CLAVIJO MGR 09/07/2005

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