2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L03000019369

1. Entity Name

FUENMAYOR LAW FIRM, L.L.C.

Principal Place of Business	Mailing Address
1200 14TH STREET #5C MIAMI BEACH FL 33139	1200 14TH STREET #5C MIAMI BEACH FL 33139

MOORE   CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
3191 Coral Way	3191 Coral Way
Suite, Apt. #, etc. **610**	Suite, Apt. #, etc. **610**
City & State **Miami FL**	City & State **Miami FL**
Zip **33145** Country **Dade**	Zip **33145** Country **Dade**

4. FEI Number **01-0786147**   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FUENMAYOR, TAHYA 1200 14TH STREET #5C MIAMI BEACH FL 33139	Name **Fuenmayor, Tahya** Street Address (P.O. Box Number is Not Acceptable) **3191 Coral Way Ste 610** City **Miami** FL Zip Code **33145**

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 _Tahya Fuenmayor_   DATE **1-26-04**

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE **President/Owner** ☐ Delete NAME **TAHYA. Fuenmayor** STREET ADDRESS **3191 Coral Way Ste 610** CITY-ST-ZIP **Miami, FL 33145**	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**N/A** ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS **N/A** CITY-ST-ZIP	TITLE NAME ↓ STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS **N/A** CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS ↓ CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Tahya Fuenmayor_   **1/28/04**   **305 567 0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #