2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 02, 2004 8:00 am Secretary of State DOCUMENT # L03000021726 08-02-2004 90114 027 ****50.00 THE INVERSAL GROUP LLC Principal Place of Business Mailing Address 24077474 2620 N.W. 97TH AVENUE 2620 N.W. 97TH AVENUE MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192004 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State City & State 13-4258455 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FUENTES, MARITZA 2620 N.W. 97TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33172 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change Addition FUENTES, MARITZA NAME NAME 2620 N.W. 97TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP MGR ☐ Change TITLE ☐ Delete TITLE ☐ Addition FUENTES, MARGARITA R NAME NAME STREET ADDRESS 2620 N.W. 97TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE - Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP olied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate 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 trudge empowered to execute this report as required by Chapter 608, Florida Statutes. supplied 11. I hereby certify that the nforma indicated on this report is true limited liability company or the

MARITZA FUENTES

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

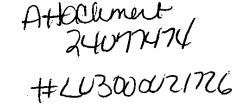
SIGNATURE:

FILED

DE LA HOZ & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

304 PALERMO AVENUE CORAL GABLES, FL 33134 TELEPHONE (305) 448-5585 FAX (305) 448-7590 WWW.DELAHOZCPA.COM



July 16, 2004

MEMBER OF THE

FLORIDA INSTITUTE OF

CERTIFIED PUBLIC ACCOUNTANTS.

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Florida Department of State Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

RE: The Inversal Group, LLC

13-4258455

To Whom It May Concern:

We are responding on behalf of the above referenced taxpayer regarding the 2004 Annual Report. The initial reminder to file the 2004 Annual Report was never received by the above referenced taxpayer. Also as a recently incorporated company, the taxpayer was not advised by the prior accountant of the filing requirements or dues dates with the State of Florida. Upon engaging our firm as their Certified Public Accountants, it was discovered that the 2004 Annual Report was not filed. We have since then prepared the 2004 Annual Report and will be enclosing it with this letter for your consideration.

We kindly ask that you accept the enclosed 2004 Annual Report along with the \$50.00 fee as fulfilling the requirements for filing the 2004 Annual Report.

Should you require additional information, please do not hesitate to contact me at (305) 448-5585.

Sincerely,

Nicole M. Martinez

De La Hoz & Associates, P.A.

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