2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L03000021726 1. Entity Name THE INVERSAL GROUP LLC							05-02-2005 90101 011 ****50.00				
Principal Place 2620 N.W. 97 MIAMI, FL 33	7TH AVENU		Mailing Address 2620 N.W. 97TH AVENUE MIAMI, FL 33172					~	•		
2. Principal Pl	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262005	Chg-LLC	CR2E083			
City & State	e		City & State			4. FEI Numb	per		Ap	plied For	
Zip	Zip Country		Zip	Counta			of Status Desired		5.00 Add e Required	itional	
	6. Name	and Address of Current R	gistered Agent			7. Name and Address of New Registered Agent					
FUENITES	1445127		Name								
FUENTES 2620 N.W. MIAMI, FL	97TH AV				Street Address (P.O. Box Number is Not Acceptable)						
;					City		 		Zip Code	<u> </u>	
9 The above	named entit	by submite this statement for		erod agent or be	wh in the State of Ele	FL Yida Lam fan					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$50.00 Due by May 1, 2005								e check pay a Departmen		•	
9.		MANAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR				E				Change	Addition	
NAME		S, MARITZA									
STREET ADDRESS CITY-ST-ZIP	MIAMI, F	V. 97TH AVENUE L. 33172			ET ADDRESS -ST-ZIP						
TITLE	MGR Delete			TITL	E -	<u></u>			Change	Addition	
NAME	FUENTE	S, MARGARITA R		NAM	IE				•		
STREET ADDRESS					EET ADDRESS						
CITY-S1-ZIP	MIAMI, F	L 331/2	'-ST-ZIP				7 65	[7] Addition			
TITLE NAME			☐ Defete	TITL Naj	i i			L	_ Change	Addition Addition	
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				СПУ	-ST-ZIP	<u> </u>					
TITLE	i		Delete	TITL				[☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM Stri	EET ADDRESS						
CITY-ST-ZIP					'-ST-ZIP						
TITLE			☐ Delete	TITL	E				Change	☐ Addition	
NAME				NAM	ı						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			Delete	TITL				Г		Addition	
NAME				NAN	1			_			
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP		$\overline{}$			/-ST-ZIP		177-				
11. I hereby of indicated	certify that the control on this repo	ne information supplied with ort is true and accurate and i	this filing does not qualify for that my signature shall have	or the exe the sam	emption stated in le legal effect as i	Section 119.07(3 f made under oa)(i), Florida Statutes. th; that I am a mana	I further certify ging member i	/ that the ii or manage	ntormation or of the	
11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											