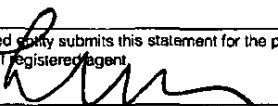
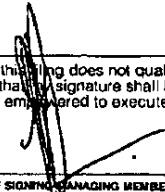


FILED
Apr 21, 2004 8:00 am
Secretary of State

04-09-2004 90213 025 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000023661			
1. Entity Name COMPIX, L.L.C.			
Principal Place of Business 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021		Mailing Address 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021	
2. Principal Place of Business 18851 NE 29th AV Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th AV Suite, Apt. #, etc. 900	
City & State Aventura FL		City & State Aventura FL	
Zip 33180		Country USA	
01262004 Chg-LLC CR2E083 (10/03)		4. FEI Number 20-0489567	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name LEONARDO A. ROTH Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AV, STE 900 City Aventura FL Zip Code 33180	
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  LEONARDO A. ROTH ESQ 4/6/04 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME MODESTINI, JUAN CARLOS STREET ADDRESS 3440 HOLLYWOOD BLVD., SUITE 360 CITY-ST-ZIP HOLLYWOOD, FL 33021		TITLE MGRM NAME JUAN CARLOS MODESTINI STREET ADDRESS 18851 NE 29th AV, STE 900 CITY-ST-ZIP Aventura, FL 33180	
TITLE MGRM NAME MODESTINI, ENNIO STREET ADDRESS 3440 HOLLYWOOD BLVD., SUITE 360 CITY-ST-ZIP HOLLYWOOD, FL 33021		TITLE MGRM NAME ENNIO MODESTINI STREET ADDRESS 18851 NE 29th AV, STE 900 CITY-ST-ZIP Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		Date 4/6/04 786-279- Daytime Phone 0000	