2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035439

City-St-Zip:

FILED May 04, 2004 Secretary of State

Entity Name: INCA, LLC **Current Principal Place of Business: New Principal Place of Business:** 5601 COLLINS AVE. #822 MIAMI BEACH, FL 33140 **Current Mailing Address: New Mailing Address:** 5601 COLLINS AVE. #822 MIAMI BEACH, FL 33140 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALVO, LIZABETH F 328 CRANDON BLVD., STE. 226 KEY BISCAYNE, FL 33149 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/MEMBERS: ADDITIONS/CHANGES:** () Delete () Change (X) Addition Name: Name: ORTELLI, MARIA A Address: Address: 5601 COLLINS AVENUE #822 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33140 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: ORTELLI, FLAVIA M Address: Address: 5601 COLLINS AVE # 822 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33140 Title: () Delete Title: MGRM () Change (X) Addition ARA, MARIA DEL P Name: Name: 5601 COLLINS AVENUE # 822 Address: Address:

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.

City-St-Zip:

MIAMI BEACH, FL 33140

SIGNATURE: MARIA A. ORTELLI 05/04/2004