

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90023 036 \*\*\*\*50.00

<b>DOCUMENT # L03000039412</b>					
<b>1. Entity Name</b> MINHO INVESTMENTS, LLC					
<b>Principal Place of Business</b> 15050 EGAN LANE MIAMI LAKES, FL 33014 US			<b>Mailing Address</b> 15050 EGAN LANE MIAMI LAKES, FL 33014 US		
<b>2. Principal Place of Business</b> 10737 SW 104 Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 10737 SW 104 Street Suite, Apt. #, etc.			
City & State Miami, FL Zip 33176		City & State Miami, FL Zip 33176		<b>4. FEI Number</b> 33-1072298	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> RAFAEL J. FERNANDEZ, CPA, PA 4143 SW 74 COURT SUITE C MIAMI, FL 33155			<b>7. Name and Address of New Registered Agent</b> Name RAFAEL J. FERNANDEZ, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 10737 SW 104 Street City Miami, FL Zip Code 33176		
<b>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.</b>					
SIGNATURE <u>Rafael J. Fernandez</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/26/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEDREIRA, MANUEL S 15050 EGAN LANE MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEDREIRA, ANTONIA S 15050 EGAN LANE MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEDREIRA, JENNIFER 15050 EGAN LANE MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FERNANDEZ, ROXANA 10737 SW 104 Street Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FERNANDEZ, ROXANA 10737 SW 104 Street Miami, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FERNANDEZ, ROXANA 10737 SW 104 Street Miami, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Roxana Fernandez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/26/04</u> Daytime Phone # <u>(305) 596-9026</u>	

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