
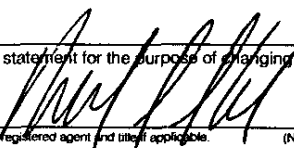
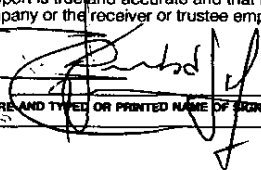


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90120 050 ****50.00

DOCUMENT # L03000039917 1. Entity Name PACIFIC 99 GROUP, L.L.C.			
Principal Place of Business 44 W. FLAGLER ST., STE. 1575 MIAMI, FL 33130		Mailing Address 44 W. FLAGLER ST., STE. 1575 MIAMI, FL 33130	
2. Principal Place of Business 780 NW 133rd Ct. Suite, Apt. #, etc. 523 City & State Miami Florida Zip 33126		3. Mailing Address 780 NW 133rd Ct. Suite, Apt. #, etc. 523 City & State Miami Florida Zip 33126	
4. FEI Number 04212004		Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MESA, MANUEL A ESQ 44 W. FLAGLER ST., STE. 1575 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Roberto F. Fleitas, esq. Street Address (P.O. Box Number is Not Acceptable) 782 NW Le Jeune Road Suite 530 City Miami	
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.		DATE 4-27-04	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4-27-04	
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 MGR NAME KASABDI, JORGE STREET ADDRESS 44 W. FLAGLER ST., STE. 1575 CITY - ST - ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME TROITINO, JOSE STREET ADDRESS 44 W. FLAGLER ST., STE. 1575 CITY - ST - ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME STEFANO, JUAN J STREET ADDRESS 44 W. FLAGLER ST., STE. 1575 CITY - ST - ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/15/04	
Daytime Phone # 786-552-7858			