2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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04 JUN -3 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name
C & M INVESTMENTS, LLC

Principal Place of Business	Mailing Address
5410 S.W. 87 AVENUE MIAMI, FL 33165	5410 S.W. 87 AVENUE MIAMI, FL 33165

03272003 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8470 SW 37 St	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State
Zip: 33155 Country	Zip Country

4. FEI Number 41-212-0533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LABORDE, YAMILA 5410 S.W. 87 AVENUE MIAMI, FL 33165	Name: IRASEMA PEREZ Street Address (P.O. Box Number is Not Acceptable): 8470 SW 37 St City: MIAMI FL Zip Code: 33155

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: Irasema Perez
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LABORDE, YAMILA 5410 S.W. 87 AVENUE MIAMI, FL 33165	☒ Delete	MGR. IRASEMA PEREZ 8470 SW 37 St Miami FL 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400037729734 06/07/04--01066--004 **50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Irasema Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #