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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 MAY -5 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000055761

1. Entity Name
OPUS CAPITAL GROUP, LLC

Principal Place of Business	Mailing Address
350 WEST FLAGLER STREET MIAMI, FL 33130 US	350 WEST FLAGLER STREET MIAMI, FL 33130 US

04152004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2550 NW 72 AVENUE		13800 SW 8 STREET	
Suite, Apt. #, etc.: 110		Suite, Apt. #, etc.: 259	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33122	Country: USA	Zip: 33184	Country: USA

4. FEI Number: 65-1213737 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SWARTZ, PETER A
350 WEST FLAGLER STREET
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: TONY VALDES, CPA
Street Address (P.O. Box Number is Not Acceptable): 2550 NW 72 AVENUE SUITE 111
City: MIAMI FL Zip Code: 33122-1347

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: Valdes 4/15/04
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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CHAVEZ-KATSABANIS, MARIA		NAME		
STREET ADDRESS	350 WEST FLAGLER STREET		STREET ADDRESS	13800 SW 8 STREET SUITE 259	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, F L 33184	
TITLE		☐ Delete	TITLE	MGRM	☐ Change XX Addition
NAME			NAME	JOSEPH HERNANDEZ	
STREET ADDRESS			STREET ADDRESS	13800 SW 8 STREET SUITE 259	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, F L 33184	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	5/5 mst	
CITY-ST-ZIP			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: [signature] 4/15/04 (305)640 9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #