04-26-2004 90052 046 ****55.00
L03000055761

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055761

1. Entity Name
OPUS CAPITAL GROUP, LLC

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

04152004 Chg-LLC CR2E083 (10/03)

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

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 ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWARTZ, PETER A 350 WEST FLAGLER STREET MIAMI, FL 33130	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: Valdez — 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 ☒ 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	
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: 4/15/04 (305) 640 9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #