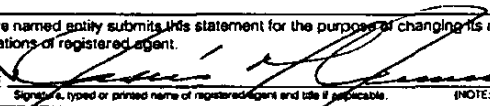
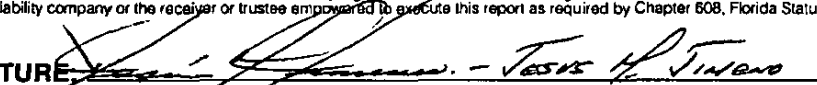


FILED
Jun 01, 2005 8:00 am
Secretary of State

04-29-2005 90037 040 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000021137			
1. Entity Name INFINITY INVESTIGATIONS, LLC			
Principal Place of Business 2907 BRIDGEPORT AVE MIAMI, FL 33133		Mailing Address 2907 BRIDGEPORT AVE MIAMI, FL 33133	
2. Principal Place of Business 862 EAST 23RD STREET Suite, Apt. #, etc.		3. Mailing Address 862 EAST 23RD STREET Suite, Apt. #, etc.	
City & State HIALEAH FLORIDA		City & State HIALEAH FLORIDA	
Zip 33013	Country USA	Zip 33013	Country USA
4. FEI Number 20-0983251		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FALBUTO, TATE 2907 BRIDGEPORT AVE MIAMI, FL 33133		7. Name and Address of New Registered Agent Name JESUS JIMENO Street Address (P.O. Box Number is Not Acceptable) 862 EAST 23RD STREET City HIALEAH FL Zip Code 33013	
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  DATE 4/17/2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIMENO, JESUS 862 EAST 23RD ST HIALEAH, FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPERATING MANAGER/SECRETARY ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 808, Florida Statutes.			
SIGNATURE  DATE 4/17/05		75-505-2816	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	