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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
~~2997 BRIDGEPORT AVE~~
~~MIAMI, FL 33133~~

Mailing Address
~~2997 BRIDGEPORT AVE~~
~~MIAMI, FL 33133~~

30008373

04132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
862 EAST 23RD STREET	862 EAST 23RD STREET
Suite, Apt. #, etc.	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

~~FALDUTO, TATE~~
~~2997 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 [signature] 4/17/2005
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	OPERATING MANAGER/SECRETARY	☐ Change ☒ Addition
NAME	JIMENO, JESUS		NAME		
STREET ADDRESS	862 EAST 23RD ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33013		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
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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 [signature] - Jesus H. Jimeno 4/17/05 305-505-3916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #