

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043478

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** INTERCONTINENTAL FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

350 ALCAZAR AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2520 SW 22 STREET  
PMB #366  
MIAMI, FL 33145 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUEVEDO, AGUSTIN R  
2520 SW 22 STREET  
PMB #366  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: QUEVEDO, AGUSTIN R  
Address: 2520 SW 22 STREET, PMB #366  
City-St-Zip: MIAMI, FL 33145 US

Title: MGRM ( ) Delete  
Name: RUIZ, GONZALO A  
Address: 2520 SW 22 STREET, PMB #366  
City-St-Zip: MIAMI, FL 33145 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: A.R. QUEVEDO

MGR

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date