

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054747

FILED
Mar 11, 2005
Secretary of State

Entity Name: GETREAL IMAGES NETWORK LLC

Current Principal Place of Business:

21115 NE 4TH CT
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

21115 NE 4TH CT
MIAMI, FL 33179

New Mailing Address:

FEI Number: 20-1539761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, JUAN J
21115 NE 4TH CT
MIAMI, FL 33179 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: TORRES, JUAN J
Address: 21115 NE 4TH CT
City-St-Zip: MIAMI, FL 33179

Title: MGRM (X) Delete
Name: HUMES, KEVIN
Address: 2735 NW 163RD ST
City-St-Zip: MIAMI, FL 33054

Title: MGRM () Delete
Name: TORRES, LYDIA
Address: 21115 NE 4TH CT
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: TORRES-SWEET, FLORA
Address: 21115 NE 4TH CT
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

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

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

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: JUAN J TORRES

MGRM

03/11/2005

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