


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90030 022 \*\*\*\*55.00

<b>DOCUMENT # L04000057212</b> 1. Entity Name IMVAL, LLC	
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Principal Place of Business 2400 BISCAYNE BLVD MIAMI, FL 33137	Mailing Address 2400 BISCAYNE BLVD MIAMI, FL 33137
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**60040979**



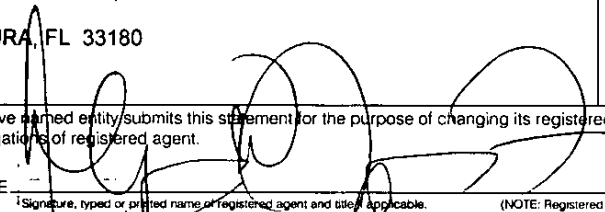
04232007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 27-0098807	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  RAMIREZ, ALEJANDRO 20100 W COUNTRY CLUB DR PH9 AVENTURA, FL 33180
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**DO NOT WRITE  
IN THIS SPACE**

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  <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMPEDRO, RICHARD 3370 NE 190TH ST #2512 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUISANCHEZ, JULIO 681 BRICKELL KEY DR #3001 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCCHIOLA, TONY 5926 NW 110 CT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCCHIOLA, MICHEL A 5926 NW 110TH CT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-23-07 305-572 0141