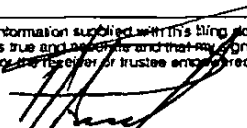


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-01-2005 90157 036 ****50.00

DOCUMENT # L04000085936					
1. Entity Name GENERAL CAPITAL INVESTMENTS LLC					
Principal Place of Business 2980 NW 108 AVE MIAMI, FL 33172 US			Mailing Address 2980 NW 108 AVE MIAMI, FL 33172 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3904480	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DENMAN, J. RONALD 2980 NW 108 AVE MIAMI, FL FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, word of service, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)					
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	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SURIEL VIDAL		NAME		
STREET ADDRESS	2980 NW 108 AVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33172		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HIDALGO, JUAN		NAME		
STREET ADDRESS	10400 NW 37 TERR		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33178		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SANTA DOMINGO IMPORTS & DISTRIBUTORS INC.		NAME		
STREET ADDRESS	630 ST. ANN'S AVE		STREET ADDRESS		
CITY- ST- ZIP	BRONX, NY 10445		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DENMAN, J. RONALD		NAME		
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CITY- ST- ZIP	MIAMI, FL 33172		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		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included on this report is true and correct, 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 Register or trustee authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Vidal Suriel		3-25-05 305-500-9595	
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Certifying Phone #	

30004404



03032005 Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3904480

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

SIGNATURE

Signature, word of service, name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

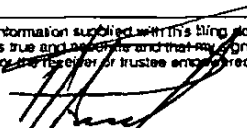
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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SIGNATURE:  Vidal Suriel 3-25-05 305-500-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Certifying Phone #