

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027010

FILED
Apr 30, 2008
Secretary of State

Entity Name: GROUP INVESMART, L.L.C.

Current Principal Place of Business:

19421 N. E. 14 COURT
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

19421 N. E. 14 COURT
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 20-3728070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOCRON, SADIA
19421 N. E. 14 COURT
NORTH MIAMI BEACH, 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/MANAGERS:

Title: MGRM () Delete
Name: CHOCRON, SADIA
Address: 19421 N. E. 14 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM () Delete
Name: CHOCRON, SIMY
Address: 19421 N. E. 14 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM () Delete
Name: EDDERAI, PERLA
Address: 19421 N. E. 14 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM () Delete
Name: CHOCRON, JOSE M.
Address: 19421 N. E. 14 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM () Delete
Name: CHOCRON, MOISES
Address: 19421 N. E. 14 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR () Delete
Name: HADIDA, SALOMON
Address: 19421 N. E. 14 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: CHOCRON, SADIA

MGR

04/30/2008

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