


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90017 002 ****50.00

DOCUMENT # L05000092333

1. Entity Name
DAMESEC 704 LLC



Principal Place of Business
**18206 COLLINS AVE.
 SUNNY ISLES, FL 33160**

Mailing Address
**18206 COLLINS AVE.
 SUNNY ISLES, FL 33160**

30004 LLC



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04052006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
20-4925313

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**ALPERN, FERNANDO
 18206 COLLINS AVE.
 SUNNY ISLES, FL 33160**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUAPBRA, ARIEL 18206 COLLINS AVE. SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTEBI ZACCA, YOEL 18206 COLLINS AVE. SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* Ariel muapbra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

ATTACHMENT 36009229
 # 105000092333

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-4925313 OMB No. 1545-0003		
1* Legal name of entity (or individual) for whom the EIN is being requested DAMESEC 704 LLC						
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name			
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 18206 COLLINS AVE			5a Street address (if different) (Do not enter a P.O. box)			
4b* City, state, and ZIP code SUNNY ISLES FL 33160 -			5b City, state, and ZIP code			
6* County and state where principal business is located County MIAMI DADE State FL						
7a* Name of principal officer, general partner, grantor, owner, or trustor FERNANDO ALPERN			7b* SSN, ITIN, EIN 770-07-3984			
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ DISREGARDED <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶			
8b* If a corporation, name the state or foreign country (if applicable) where incorporated		State FL	Foreign country			
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ STARTING BUSINESS <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶			
10* Date business started or acquired (month, day, year) SEP 19 2005			11* Closing month of accounting year OCT			
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶						
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>				Agriculture	Household	Other
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other	
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. SELLING AND BUYING PROPERTIES						
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>						
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶						
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN						
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form						
Third Party Designee	Designee's name DIANA WHATLEY			Designee's telephone number (include area code) (305) 947 - 0477		
	Address and ZIP code 18246 COLLINS AVE SUNNY ISLES FL 33160 -			Designee's fax number (include area code) (305) 792 - 0027		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶				Applicant's telephone number (include area code) () - Applicant's fax number (include area code) () -		
Signature ▶ Not Required				Date ▶ May 24, 2006 GMT		



Internal Revenue Service

DEPARTMENT OF THE TREASURY

#L050000092333
The
Digital
Daily

| | |

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-4925313

Today's Date is: May 24, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)