


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90032 020 ****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
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2. Principal Place of Business - No P.O. Box # 9577 Harding Ave.	3. Mailing Address 9577 Harding Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Surfside, FL	City & State Surfside, FL
Zip 33154	Country USA
Zip 33154	Country USA



02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4925313	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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: Alpern, Fernando
 Street Address (P.O. Box Number is Not Acceptable):
 9577 Harding Ave.
 City: Surfside FL Zip Code: 33154

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTEBI SACCA, YOEL 18206 COLLINS AVE. SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTEBI SACCA, ARIEL 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	MGR Antebi Sacca, Yoel 9577 Harding Ave Surfside, FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Antebi Sacca, Ariel 9577 Harding Ave. Surfside, FL 33154 <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: _____ Date: 4/24-07 Daytime Phone #: 305-865-0977