

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000093400

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** INVESTMENT FIRST GROUP LLC

**Current Principal Place of Business:**

10400 NW 33ST STE 120  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 668105  
MIAMI, FL 33166 US

**New Mailing Address:**

**FEI Number:** 84-0499909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MPE CONSULTING CORP  
2900 GLADES CIRCLE  
STE 425  
WESTON, FL 33327 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:** MGR  
**Name:** QUINTERO, MIGUEL ANGEL  
**Address:** PO BOX 668105  
**City-St-Zip:** MIAMI, FL 33166 US

**Title:** MGR  
**Name:** QUINTERO, MIGUEL ANGEL SR  
**Address:** PO BOX 668105  
**City-St-Zip:** MIAMI, FL 33166 US

**Title:** MGR  
**Name:** QUINTERO, MARIA CRISTINA  
**Address:** PO BOX 668105  
**City-St-Zip:** MIAMI, FL 33166 US

**Title:** MGR  
**Name:** APONTE, MARIA CRISTINA  
**Address:** PO BOX 668105  
**City-St-Zip:** MIAMI, FL 33166 US

**Title:** MGR  
**Name:** QUINTERO, MARIA DEL CARM  
**Address:** PO BOX 668105  
**City-St-Zip:** MIAMI, FL 33166 US

I hereby 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:** MIGUEL QUINTERO

PRES

02/12/2010

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