


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004581 1. Entity Name INVERSIONES TORCOROMA, L.C.	
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Principal Place of Business 7600 NW 186TH ST., STE A MIAMI, FL 33015	Mailing Address 7600 NW 186TH ST., STE A MIAMI, FL 33015
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02182004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0050971	Applied For 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 DISLA, VIRGINIA M 7600 NW 186TH ST., STE A MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2004**

000000063795
 02/23/04-80175-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTRERAS, JAVIER JOSE 7600 NW 186TH ST., STE A MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTRERAS, SARA LUCIA 7600 NW 186TH ST., STE A MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANADOSDE CONTRERAS, MARIA 7600 NW 186TH ST., STE A MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTRERAS, ADRIANA M 7600 NW 186TH ST., STE A MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  VIRGINIA M. DISLA Agent 2/18/04 (305) 817-0814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #