

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000004862**

1. Entity Name  
P.I.A.M., LLC



Principal Place of Business  
315 MIRACLE MILE  
CORAL GABLES, FL 33134

Mailing Address  
315 MIRACLE MILE  
CORAL GABLES, FL 33134



**DO NOT WRITE IN THIS SPACE**

04302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-0938961

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

GONZALEZ, JOSE R  
315 MIRACLE MILE  
CORAL GABLES, FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000153167  
05/04/04-80117-003 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GONZALEZ, JOSE R  
315 MIRACLE MILE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GONZALEZ, IDAMIS  
315 MIRACLE MILE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ADRIAN JOSE GONZALEZ  
315 MIRACLE MILE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GONZALEZ, MELISSA  
315 MIRACLE MILE  
CORAL GABLES, FL 33134

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]*

4-29-04