2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

FILED Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # L99000007693 THE VAZQUEZ INVESTMENT GROUP L.L.C. Mailing Address Principal Place of Business 15255 S.W. 108TH TERRACE_ MIAMI FL 33196 15255 S.W. 108TH TERRACE MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For City & State City & State 65-0963105 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROZENCWAIG, LESLIE ALAN ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ROZENCWAIG & GRANOFF 1 S.E. 3RD AVE., STE 960 MIAMI FL 33131 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 hised of some strong stered agent and title i applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE Change Addition TITLE MGRM Delete U00000264165 NAME VAZQUEZ, ULISES NAME STREET AUDRESS 03/16/05-80004-018 50.00 STREET ADDRESS 15255 S.W. 108TH TERRACE CITY ST-ZIP CITY ST-7IP MIAMI FL 33196 MGRM TITLE ☐ Change Addition Defeie TITLE VAZQUEZ, OLGA NAME NAME STREET ADDRESS STREET ADDRESS 15255 S.W. 108TH TERRACE CITY-ST-ZIP MIAMI FL 33196 CHY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition THILE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Change Addition mr TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZiP ☐ Change ☐ Addition ☐ Delete DILE TITLE NAME NAME STREET ACDRESS STREET ADDRESS CHTY-ST-ZIP CITY+ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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.

ULISES ULZECEZ

Daytime Phone #

SIGNATURE: