

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014633

FILED
Jan 22, 2004
Secretary of State

Entity Name: SERVICOM GROUP LLC

Current Principal Place of Business:

280 WEST PARK DR., STE. 108
MIAMI, FL 33172

New Principal Place of Business:

1627 BRICKELL AVENUE
UNIT 2101
MIAMI, FL 33129

Current Mailing Address:

280 WEST PARK DR., STE. 108
MIAMI, FL 33172

New Mailing Address:

1627 BRICKELL AVE
UNIT 2101
MIAMI, FL 33129

FEI Number: 11-3686109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACINTER CORPORATION
5440 NORTH STATE RD. 7, STE. 218
FT LAUDERDALE, FL 33319 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/MEMBERS:

Title: MGR () Delete
Name: MENENDEZ, GASTON
Address: 280 WEST PARK DR., STE. 108
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: MENENDEZ, MONICA
Address: 280 WEST PARK DR., STE. 108
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MENENDEZ, GASTON
Address: 1627 BRICKELL AVE. UNIT 2101
City-St-Zip: MIAMI, FL 33129

Title: MGR (X) Change () Addition
Name: MENENDEZ, MONICA
Address: 1627 BRICKELL AVE., UNIT 2101
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GASTON MENENDEZ

MGR

01/22/2004

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