

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90588 044 ****55.00

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DOCUMENT # L00000013900

1. Entity Name
GERSO INVESTMENTS, L.L.C.



Principal Place of Business Mailing Address

**10530 NW 26 ST. SUITE F 106
MIAMI FL 33172** **10530 NW 26 ST. SUITE F 106
MIAMI FL 33172**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. P.O. Box 524636


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI, FL

Zip Country Zip Country

33152 U.S.A



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1057894** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOTELO, HUGO
10530 NW 26 STREET
SUITE F-106
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ (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, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|--|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SOTELO, HUGO | |
| STREET ADDRESS | 7240 NW 113 COURT | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SOTELO, NUBIA | |
| STREET ADDRESS | 7240 NW 113 COURT | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | ALHENA INTERNATIONAL FITTING CORP | |
| STREET ADDRESS | 10530 NW 26 STREET, SUITE F-106 | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(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: HUGO SOTELO **SIGNATURE REQUIRED** 04/28/03 305-463-6774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)