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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 11 AM 11:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L02000009688

1. Entity Name
Identidad Advertising Developmen LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address	4. FEI Number
Miami (USA)	12314 SW 132 Ct	14-1842480
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: Miami, FL	City & State: Miami, FL	
Zip 33186 Country USA	Zip 33186 Country USA	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Gabriel Sanchez
Street Address (P.O. Box Number is Not Acceptable): 12319 SW 132 Court
City: Miami FL Zip Code: 33186

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] 06/05/03
Signature, type or printed name of registered agent and title if applicable. DATE

FEE IS $60.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: President NAME: Ana Navarro Gonzalez STREET ADDRESS: 12314 SW 132 Ct CITY-ST-ZIP: Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Manager NAME: Ricardo Alvarez STREET ADDRESS: 12314 SW 132 Ct CITY-ST-ZIP: Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Manager NAME: Maria Paulina Merced. STREET ADDRESS: 12314 SW 132 Ct CITY-ST-ZIP: Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E063B (12/02)

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: X [signature] X June 3/03 X 305 2563826
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #