

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90348 043 \*\*\*\*50.00

**24036458**



03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0017918** Applied For Not Applicable

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

**DOCUMENT # L03000011307**

1. Entity Name  
**CONFIAR, LLC**

Principal Place of Business  
 11890 SW 8TH STREET  
 PENTHOUSE 7  
 MIAMI, FL 33184

Mailing Address  
 11890 SW 8TH STREET  
 PENTHOUSE 7  
 MIAMI, FL 33184

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**GONZALEZ, MARIA E**  
**14050 BISCAYNE BLVD**  
**# 602**  
**NORTH MIAMI BEACH, FL 33181**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**11890 SW 8TH STREET**  
**PENTHOUSE 7**  
 City **MIAMI** FL Zip Code **33184**

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]* **MARIA EUGENIA GONZALEZ MGRM** DATE: **03/31/04**

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GONZALEZ, MARIA E</b> <b>4550 MERCEDES</b> <b>BUENOS AIRES, CF ARGENTINA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11890 SW 8th Street Penthouse 7</b> <b>MIAMI FL 33184</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM</b> <b>Jorge Aurelio Gonzalez</b> <b>SOLAZILLO 2366/78</b> <b>CIUDAD BUENA VISTA C1440FFU</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM</b> <b>VILAPLANA Y GONZALEZ SRL</b> <b>SOLAZILLO 2366/78</b> <b>CIUDAD BUENA VISTA C1440FFU</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **MARIA EUGENIA GONZALEZ** / 03/31/04 Date: **03/31/04** 786-336-0579 Daytime Phone #