

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000018968

1. Entity Name
 PROCOVAL USA, LLC



Principal Place of Business
 1820 N CORPORATE LAKES BLVD.
 303
 WESTON, FL 33326

Mailing Address
 1820 N CORPORATE LAKES BLVD.
 303
 CORAL GABLES, FL 33326 US



01232006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0784679 Applied For Not Applied

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

6. Name and Address of Current Registered Agent

VALLECILLA, SARA
 1820 N CORPORATE LAKES BLVD.
 303
 CORAL GABLES, FL 33326

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VALLECILLA, LEONARDO
STREET ADDRESS	1820 N CORPORATE LAKES BLVD., SUITE 303
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGR
NAME	VALLECILLA, CARLOS
STREET ADDRESS	1820 N CORPORATE LAKES BLVD., SUITE 303
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGR
NAME	VALLECILLA, SARA
STREET ADDRESS	1820 N CORPORATE LAKES BLVD., SUITE 303
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/21/06-80054-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

[Handwritten initials]