

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033754

Entity Name: BELGICA HOLDINGS LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

% SANDRA IZA  
4644 NW 94 PLACE  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

% SANDRA IZA  
4644 NW 94 PLACE  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 20-1154287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IZA, SANDRA  
4644 NW 94 PLACE  
DORAL, FL 33178 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: IZA, SANDRA  
Address: 4644 NW 94 PLACE  
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete  
Name: IZA, PAMELA  
Address: 2106 CALLE PRINCESA  
City-St-Zip: MAYAGUEZ, PR 00681

Title: MGRM ( ) Delete  
Name: IZA, MICHAEL  
Address: 1929 MOUNTAIN AVE  
City-St-Zip: STA BARBARA, CA 93101

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SANDRA IZA

MGRM

04/30/2007

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