

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055988

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: IC LATIN AMERICA, LLC

**Current Principal Place of Business:**

770 SOUTH DIXIE HIGHWAY  
SUITE 109  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1172 SOUTH DIXIE HIGHWAY  
SUITE 538  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-1429491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARNAU, ANDREA  
1172 SOUTH DIXIE HIGHWAY  
SUITE 538  
MIAMI, FL 33146 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: ARNAU, ANDREA  
Address: 1172 SOUTH DIXIE HIGHWAY, SUITE 538  
City-St-Zip: MIAMI, FL 33146

Title: MGRM ( ) Delete  
Name: ARCILA, RODRIGO B  
Address: 1172 SOUTH DIXIE HIGHWAY, SUITE 538  
City-St-Zip: MIAMI, FL 33146

Title: MGRM ( ) Delete  
Name: MORA, MARIA A  
Address: 1172 SOUTH DIXIE HIGHWAY, SUITE 538  
City-St-Zip: MIAMI, FL 33146

Title: MGRM ( ) Delete  
Name: JARAMILLO, CLAUDIA  
Address: 1172 SOUTH DIXIE HIGHWAY, SUITE 538  
City-St-Zip: MIAMI, FL 33146

Title: MGRM ( ) Delete  
Name: CARVAJAL, PAULO A  
Address: 1172 SOUTH DIXIE HIGHWAY, SUITE 538  
City-St-Zip: MIAMI, FL 33146

Title: MGRM ( ) Delete  
Name: DDB WORLDWINE COLOMB, IA, S.A.  
Address: 1172 SOUTH DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33146

**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:

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: ANDREA ARNAU

MGRM

03/30/2009

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