

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065524

Entity Name: ESPINCOL, LLC

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

2588 SW 27TH AVE.
MIAMI, FL 33133

New Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

Current Mailing Address:

2588 SW 27TH AVE.
MIAMI, FL 33133

New Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

FEI Number: 20-1594130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2588 SW 27TH AVE.
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

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: ANTONIO GARCIA

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ESPINOSA, CARLOS
Address: CALLE 70, NO. 4-27, BOGOTA
City-St-Zip: COLUMBIA,

Title: MGRM () Delete
Name: GAMBOA, ELIANNE
Address: CALLE 103, NO. 12-44, APTO. 601 /BOGOTA
City-St-Zip: COLUMBIA,

ADDITIONS/CHANGES:

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 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 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: CARLOS ESPINOSA

MGRM

04/22/2005

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