

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000092297 1. Entity Name PESCESPADA VENTURES, LLC	
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Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131	Mailing Address 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3547619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131
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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000708354
04/24/07-80112-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, JUAN C 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUARTAS, SANTIAGO 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Juan Martinez** 4/2/07 305 371 9800.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #