


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90081 015 \*\*\*138.75

**DOCUMENT # L06000032737'** -

1. Entity Name  
**BARBARELA, LLC**



Principal Place of Business  
**520 BRICKELL KEY DRIVE, STE. 0 305**  
**MIAMI, FL 33131**

Mailing Address  
**520 BRICKELL KEY DRIVE, STE. 0 305**  
**MIAMI, FL 33131**

6



2. Principal Place of Business - No P.O. Box #  
**520 Brickell Key Drive**

3. Mailing Address  
**520 Brickell Key Drive**

Suite, Apt. #, etc.  
**Suite 0-301**

City & State  
**Miami, FL**

Zip  
**33131**

Country  
**USA**

01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4857090**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION LLC**  
**520 BRICKELL KEY DRIVE, STE. 0 305**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

**Corporate Maintenance Services, LLC**  
**520 Brickell Key Drive**  
**Suite 0-301**  
**Miami, FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$638.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME CAMPANA, ALBERICO	
STREET ADDRESS 520 BRICKELL KEY DRIVE, STE. 0 305	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE MGR	<input type="checkbox"/> Delete
NAME CAMPANA, DINO	
STREET ADDRESS 520 BRICKELL KEY DRIVE, STE. 0 305	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE MGR	<input type="checkbox"/> Delete
NAME HAURET BERRULLI, GABRIEL F	
STREET ADDRESS 520 BRICKELL KEY DRIVE, STE. 0 305	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE AS	<input checked="" type="checkbox"/> Delete
NAME STANHAM, NICHOLAS	
STREET ADDRESS 520 BRICKELL KEY DR SUITE 0-305	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPANA, ALBERICO	
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-301	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPANA, DINO	
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-301	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAURET BERRULLI, GABRIEL F	
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-301	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** AM **4/28/08** **305-374-3800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #