

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90185 019 \*\*\*\*\*55.00

**DOCUMENT # L06000079443**

1. Entity Name  
**GRAM OVERSEAS LLC**



Principal Place of Business  
**11028 SOUTHWEST, 112 AVENUE  
 MIAMI, FL 33176-3215**

Mailing Address  
**11028 SOUTHWEST, 112 AVENUE  
 MIAMI, FL 33176-3215**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5436237**

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

6. Name and Address of Current Registered Agent  
**A1A REGISTERED AGENT INC.  
 92 SADBERRY RD  
 QUINCY, FL 32351**

7. Name and Address of New Registered Agent  
 Name **BEATRIZ PEREZ-ANGULO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11028 SOUTHWEST, 112 AVENUE**  
 City **Miami** FL Zip Code **33176-3215**

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 *Rubi D. Duaya* DATE Jan 6, 2007

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

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMAYA, RUBEN A TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINCON, NIEVES TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEJIAS, SORAYA TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBER, MAGALY TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rubi D. Duaya* DATE Jan 6, 2007 (305) 279 0807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #