

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091898

FILED  
May 07, 2007  
Secretary of State

Entity Name: AMERICORP GROUP, LLC

**Current Principal Place of Business:**

10300 NW 19 STREET  
104  
MIAMI, FL 33172

**New Principal Place of Business:**

7818 NW 46 ST  
MIAMI, FL 33122

**Current Mailing Address:**

10300 NW 19 STREET  
104  
MIAMI, FL 33172

**New Mailing Address:**

7818 NW 46 ST  
MIAMI, FL 33122

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

D'ALESSANDRIA, CARLOS  
10300 NW 19 ST  
104  
MIAMI, FL 33172 US

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

D'ALESSANDRIA, CARLOS  
7818 NW 46 ST  
MIAMI, FL 33122 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: CARLOS DALESSANDRIA

05/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: D'ALESSANDRIA, CARLOS  
Address: 5107 NW 106 AVE  
City-St-Zip: MIAMI, FL 33178

Title: MGR ( ) Delete  
Name: AYALA, LUIS F  
Address: 4725 NW 103 COURT  
City-St-Zip: MIAMI, FL 33178

Title: MGR ( ) Delete  
Name: CHAKOUR, KARIN  
Address: 11125 NW 72 TERRACE  
City-St-Zip: MIAMI, FL 33178

**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:

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: CARLOS DALESSANDRIA

MNG

05/07/2007

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