2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L07000127386

Entity Name: PHOENICIA VIAJES TRAVEL GROUP, LLC

Current Principal Place of Business:

10540 N.W. 26TH STREET, SUITE G-101
DORAL, FL 33172

New Principal Place of Business:

8501 SW 124TH AVE SUITE 201
MIAMI, FL 33183

Current Mailing Address:

782 N.W. LEJEUNE ROAD, SUITE 550
MIAMI, FL 33126

New Mailing Address:

8501 SW 124TH AVE SUITE 201
MIAMI, FL 33183

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

YORDE, SAID
1071 S.W. 4TH AVENUE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: YORDE, SAID
Address: 10540 N.W. 26TH STREET, SUITE G-101
City-St-Zip: DORAL, FL 33172

Title: MGRM ( ) Delete
Name: PHOENCIA VIAJES Y TU, RISMO, CA
Address: AV. FUERZAS ARMADAS, CC DORAL CENTER, #6B
City-St-Zip: MARACAIBO, ZULIA, VENEZUELA, XX

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: YORDE, SAID
Address: 8501 SW 124TH AVE SUITE 201
City-St-Zip: MIAMI, FL 33183

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: SAID YORDE MGR 01/11/2008

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