

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019199

FILED  
Jan 26, 2010  
Secretary of State

Entity Name: VECO ENTERPRISES GROUP, LLC

## Current Principal Place of Business:

777 NW 72 AVE  
# 3146  
MIAMI, FL 33126

## New Principal Place of Business:

3590 NW 60TH STREET  
MIAMI, FL 33142

## Current Mailing Address:

777 NW 72 AVE  
# 3146  
MIAMI, FL 33126

## New Mailing Address:

3590 NW 60TH STREET  
MIAMI, FL 33142

FEI Number: 98-0570264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GERARDO A. VAZQUEZ, PA  
1401 BRICKELL AVENUE  
SUITE 500  
MIAMI, FL FL US

## Name and Address of New Registered Agent:

CAMILO CAMACHO  
3590 N.W. 60TH STREET  
MIAMI, FL FL 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: CAMILO CAMACHO

01/26/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: SUAREZ, MARTIN ALBERTO MAURICI  
Address: 3590 N.W. 60TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: MGRM  
Name: ARIZA PINEDA, JOHN A  
Address: 3590 N.W. 60TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: MGRM  
Name: CAMACHO, CAMILO  
Address: 3590 N.W. 60TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: MGRM  
Name: VIELESUL USA, CORP.  
Address: 3590 N.W. 60TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: MGRM  
Name: FREDERICK, JAIME  
Address: 3590 N.W. 60TH STREET  
City-St-Zip: MIAMI, FL 33142

I hereby 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: CAMILIO CAMACHO

MGRM

01/26/2010

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