

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101567

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: C.I. INTERNATIONAL FUELS, LLC

**Current Principal Place of Business:**

5201 BLUE LAGOON DRIVE 8TH FLOOR  
SUITE 885  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5201 BLUE LAGOON DRIVE 8TH FLOOR  
SUITE 885  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 30-0597682      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

M & M ASSOCIATES GROUP CORP  
2851 WEST 68TH STREET  
SUITE 7  
HIALEAH, FL 33018 US

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

M & M ASSOCIATES GROUP CORP  
2350 WEST 84TH STREET  
SUITE 7  
HIALEAH, FL 33016 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: RICARDO MARTINEZ

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OCHOA MUÑOZ, JAIME A 70%  
Address: 5201 BLUE LAGOON DR 8TH FLOOR SUITE 885  
City-St-Zip: MIAMI, FL 33126

Title: S  
Name: OCHOA MUÑOZ, JAIME A  
Address: 5201 BLUE LAGOON DR 8TH FLOOR SUITE 885  
City-St-Zip: MIAMI, FL 33126

Title: MGMR  
Name: ROA, MARIA MERCEDEZ 25%  
Address: 5201 BLUE LAGOON DR 8TH FLOOR SUITE 885  
City-St-Zip: MIAMI, FL 33126

Title: MGRM  
Name: MUÑOZ DE OCHOA, YAMILE 5%  
Address: 5201 BLUE LAGOON DR 8TH FLOOR SUITE 885  
City-St-Zip: MIAMI, FL 33126

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: JAIME A OCHOA MUNOZ

MGRM

04/30/2012

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