


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006 08:00 AM
Secretary of State

DOCUMENT # M97000000347

1. Entry Name
 SOPRODI LTDA, L.L.C.



Principal Place of Business
 2025 N.W. 102ND AVE., SUITE #103
 MIAMI, FL 33172

Mailing Address
 2025 N.W. 102ND AVE., SUITE #103
 MIAMI, FL 33172



02132006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3854955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAMORANO, AUGUSTO
 2025 N.W. 102ND AVE., SUITE #103
 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

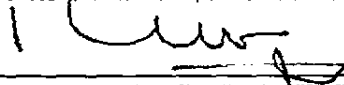
**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARGETTO, JORGE B 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARROS, RAMON M 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JORGE A.B. 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEPEDA, RODRIGO M 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAMORANO, AUGUSTO 2025 N.W. 102ND AVE., SUITE #103 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000001443169
 03/04/06 80052-004 50.00

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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:  2/13/2006

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