

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90339 046 ***138.75

DOCUMENT # M97000000347

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



Principal Place of Business
 1000 BRICKELL AVE., SUITE 905
 MIAMI, FL 33131

Mailing Address
 1000 BRICKELL AVE., SUITE 905
 MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03062008 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country Zip Country

4. FEI Number
 13-3854955 Applied For
 Not Applicable

5. Certificate of Status Desired \$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

7. Name and Address of New Registered Agent
 Name AUGUSTO ZAMORANO
 Street Address (P.O. Box Number is Not Acceptable)
 1000 Brickell Ave. (905)
 City MIAMI FL Zip Code 33131

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 X AUGUSTO ZAMORANO (NOTE: Registered Agent signature required when reinstating)
 DATE 03/07/2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARGETTO, JORGE B 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Chairman Jorge M. Bravo Sr. 1000 Brickell Ave (905) Miami FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARROS, RAMON M 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Chairman & President Ramon E. Mazuela 1000 Brickell Ave (905) Miami FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JORGE A.B. 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President & Treasurer Jorge A. Bravo 1000 Brickell Ave (905) Miami FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEPEDA, RODRIGO M 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rodrigo F. Mazuela 1000 Brickell Ave (905) Miami FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAMORANO, AUGUSTO 2025 N.W. 102ND AVE., SUITE #103 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Manager Augusto Zamorano 1000 Brickell Ave (905) Miami FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finance Manager Jorge Mario Bravo 1000 Brickell Ave. (905) Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: 3/7/08 DAYTIME PHONE #: 305-4156390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE