

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000347

FILED  
May 03, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1000 BRICKELL AVE., SUITE 905  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1000 BRICKELL AVE., SUITE 905  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 13-3854955      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ZAMORANO, AUGUSTO  
1000 BRICKELL AVE (905)  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: CH  
Name: BRAVO, JORGE M SR  
Address: 1000 BRICKELL AVE (905)  
City-St-Zip: MIAMI, FL 33131

Title: CH-P  
Name: MAZUELA, RAMON E  
Address: 1000 BRICKELL AVE (905)  
City-St-Zip: MIAMI, FL 33131

Title: TRE  
Name: BRAVO, JORGE A  
Address: 1000 BRICKELL AVE (905)  
City-St-Zip: MIAMI, FL 33131

Title: SEC  
Name: MAZUELA, RODRIGO F  
Address: 1000 BRICKELL AVE (905)  
City-St-Zip: MIAMI, FL 33131

Title: MGRG  
Name: ZAMORANO, AUGUSTO  
Address: 1000 BRICKELL AVE (905)  
City-St-Zip: MIAMI, FL 33131

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: ZAMORANO, AUGUSTO

MGRG

05/03/2010

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