


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90072 031 \*\*\*\*50.00

<b>DOCUMENT # L01000003371</b>	
1. Entity Name <b>VIDREPUR OF AMERICA LLC</b>	

Principal Place of Business <b>2818 NW 112TH AVENUE MIAMI, FL 33172</b>	Mailing Address <b>2818 NW 112TH AVENUE MIAMI, FL 33172</b>
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**20014720**

2. Principal Place of Business <b>2301 NW 84 AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address <b>2301 NW 84 AVENUE</b> Suite, Apt. #, etc.
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01192005 Chg-LLC CR2E083 (10/03)

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33122</b>	Country <b>DADE</b>

4. FEI Number <b>65-1079982</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CASTILLO, ALVARO B P.A. 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code


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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIDREPUR, S.A. 2301 NW 84 AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLASS MOSAIC INTERNATIONAL, S.L. 2301 NW 84 AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTAPOU, JOSE L 2301 NW 84 AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P SANTAPOU, Jose L 2301 NW 84 AVENUE MIAMI, FL 33122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ORTELLS, JOSE P 2301 NW 112 AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPS ORTELLS, Jose P 2301 NW 84 AVENUE MIAMI, FL 33122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



**VIDREPUR**  
glass mosaic  
Vidrepur of America, LLC

ATTACHMENT  
20014720  
# 401 000003371

January 25, 2005

To Whom It May Concern:

Attached you will find a copy of our Limited Liability Company Annual report for 2005.

We would like the following changes to be made:

Box 9

Title: P  
Name: Santapau, Jose L  
Address: 2301 NW 84 Avenue  
City-ST-ZIP: Miami, FL 33122

Title: VPS  
Name: Ortells, Jose P  
Address: 2301 NW 84 Avenue  
City-ST-ZIP: Miami, FL 33122

Please feel free to contact us should you have any questions or comments in regards to these changes.

Sincerely,

June Rodgers  
Vidrepur of America