

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027440

Entity Name: CONFYPEL, LLC

FILED
Feb 23, 2007
Secretary of State

Current Principal Place of Business:

3500 MYSTIC POINTE DR., TWR 400, APT. 3004
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3500 MYSTIC POINTE DR., TWR 400, APT. 3004
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-0479131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVO, LIZABETH F
328 CRANDON BLVD
SUITE 226
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: GAINZA PAZ, GUILLERMO JUAN
Address: 3500 MYSTIC POINTE DR, TWR 400 APT 3004
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: DE URQUIZA, MARIA MARTA
Address: 3500 MYSTIC POINTE DR, TWR 400 APT 3004
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LIZABETH CALVO

RA

02/23/2007

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