

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101567

**FILED**  
**Mar 18, 2013**  
**Secretary of State**  
**CC2384118181**

**Entity Name:** C.I. INTERNATIONAL FUELS, LLC

**Current Principal Place of Business:**

5201 BLUE LAGOON DRIVE 8TH FLOOR  
SUITE 885  
MIAMI, FL 33126

**Current Mailing Address:**

5201 BLUE LAGOON DRIVE 8TH FLOOR  
SUITE 885  
MIAMI, FL 33126

**FEI Number:** 30-0597682

**Certificate of Status Desired:** No

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

M & M ASSOCIATES GROUP CORP  
2350 WEST 84TH STREET  
SUITE 7  
HIALEAH, FL 33016 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

**Authorized Person(s) Detail :**

Title MGRM  
Name OCHOA MUNOZ, JAIME A 70%  
Address 5201 BLUE LAGOON DR 8TH FLOOR  
SUITE 885  
City-State-Zip: MIAMI FL 33126

Title S  
Name OCHOA MUNOZ, JAIME A  
Address 5201 BLUE LAGOON DR 8TH FLOOR  
SUITE 885  
City-State-Zip: MIAMI FL 33126

Title MGMR  
Name ROA, MARIA MERCEDEZ 25%  
Address 5201 BLUE LAGOON DR 8TH FLOOR  
SUITE 885  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name MUNOZ DE OCHOA, YAMILE 5%  
Address 5201 BLUE LAGOON DR 8TH FLOOR  
SUITE 885  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** OCHOA MUNOZ , JAIME A , 70%

**MANAGER**

**03/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date