

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001418

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: COLOR SIETE LATIN AMERICA, L.L.C.

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 701  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 701  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 65-0986068      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GUTIERREZ, NICOLAS J JR, ESQ  
2665 SOUTH BAYSHORE DRIVE  
SUITE 701  
MIAMI, FL 33133 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: MGR      ( ) Delete  
Name: MOLINA, LUIS FELIPE  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 701  
City-St-Zip: MIAMI, FL 33133

Title: MGR      ( ) Delete  
Name: GUTIERREZ, NICOLAS J JR ESQ  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 701  
City-St-Zip: MIAMI, FL 33133

**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: NICOLAS J GUTIERREZ

MGR

04/23/2007

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