

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90073 037 ****50.00

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04262006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L00000013922 1. Entity Name SOETEC, L.L.C.					
Principal Place of Business 782 NW 42 AVE STE 340 MIAMI, FL 33126			Mailing Address 782 NW 42 AVE STE 340 MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1094567	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERO, ARMANDO (CHANGE) 782 NW 42 AVE, STE 342 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Oswaldo Martinez Street Address (P.O. Box Number is Not Acceptable) 782 NW 42 Ave # 2 City Miami FL Zip Code 33126		
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 <i>Oswaldo Martinez</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Oswaldo Martinez</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/27/06 <small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE NICOLAS PAREDES 782 NW 42 AVE STE 340 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jose Nicolas Paredes 782 NW 42 Ave # 340 Miami FL 33126
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERO, ARMANDO 782 NW 42 AVE, STE 342 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>JM Paredes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		04/28/06 <small>Date</small>		305 445 9076 <small>Daytime Phone #</small>	