2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L00000014110

Entity Name: INGEMEL S.A., LLC

Current Principal Place of Business:

20871 JOHNSON STREET
SUITE 115
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

20871 JOHNSON STREET
SUITE 115
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1091671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, MARIACRISTINA
20871 JOHNSON STREET
SUITE 115
PEMBROKE PINES, FL 33029 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:	MORALES, GERMAN PRES	
Address:	20871 JOHNSON STREET, STE. 115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGRM	( ) Delete
Name:	MORALES, PATRICIA VP	
Address:	20871 JOHNSON STREET, STE. 115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGRM	( ) Delete
Name:	MORALES, MARIA CRISTINA TREA	
Address:	20871 JOHNSON STREET, STE. 115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGRM	( ) Delete
Name:	MORALES, MARIA CLAUDIA SEC	
Address:	20871 JOHNSON STREET, STE. 115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	( ) Change (X) Addition
Name:	ARIAS, PEDRO M VPC	
Address:	20871 JOHNSON STREET, SUITE 115	
City-St-Zip:	PEMBROKE PINES, FL 33029	

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA MORALES VP 02/18/2009

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