

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014110

Entity Name: INGEMEL S.A., LLC

FILED  
Apr 20, 2010  
Secretary of State

**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 (X)

**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  
Name: MORALES, GERMAN PRES  
Address: 20871 JOHNSON STREET, STE. 115  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM  
Name: MORALES, PATRICIA VP  
Address: 20871 JOHNSON STREET, STE. 115  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM  
Name: MORALES, MARIA CRISTINA TREA  
Address: 20871 JOHNSON STREET, STE. 115  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM  
Name: MORALES, MARIA CLAUDIA SEC  
Address: 20871 JOHNSON STREET, STE. 115  
City-St-Zip: PEMBROKE PINES, FL 33029

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

I hereby 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: MARIA CRISTINA MORALES

MGRM

04/20/2010

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