2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# L01000007139

Entity Name: CHIARINI & CHIARINI ASESORES L.L.C.

Current Principal Place of Business:

801 BRICKELL BAY DRIVE, #1062
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

801 BRICKELL BAY DRIVE, #1062
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1100896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUGO, VICTOR
801 BRICKELL BAY DRIVE, #1062
MIAMI, FL 33131 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:	HUGO, VICTOR	
Address:	801 BRICKELL BAY DRIVE, #1062	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGRM	( ) Delete
Name:	DE CHIARINI, LEONOR	
Address:	3RD TRANSC. ED ANYPAULO P.B.	
City-St-Zip:	CARACAS, VENEZULEA, XX	
Title:	MGRM	( ) Delete
Name:	CHIARINI, LUCIANO	
Address:	3RD TRANSC. ED ANYPAULO P.B.	
City-St-Zip:	CARACAS, VENEZULEA, XX	
Title:	MGRM	( ) Delete
Name:	CHIARINI, NATHALY	
Address:	3RD TRANSC. ED ANYPAULO P.B.	
City-St-Zip:	CARACAS, VENEZULEA, XX	

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:	

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: CHIARINI NATHALY MGRM 03/04/2009

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