



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90150 024 ****50.00

DOCUMENT # L01000009353 1. Entity Name IBERIANA L.L.C.					
Principal Place of Business 1550 MADRUGA AVE SUITE 406 CORAL GABLES, FL 33146			Mailing Address 1550 MADRUGA AVE SUITE 406 CORAL GABLES, FL 33146		
2. Principal Place of Business 9130 South Dadeland Blvd. Suite, Apt. #, etc. Suite 1607		3. Mailing Address 9130 South Dadeland Blvd. Suite, Apt. #, etc. Suite 1607			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1111521	
Zip 33156		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIVA, MARIA C 1550 MADRUGA AVE. SUITE 406 MIAMI, FL 33146			7. Name and Address of New Registered Agent Name ALBERTO AMOROS Street Address (P.O. Box Number is Not Acceptable) 9130 South Dadeland Blvd., Suite 1607 City Miami FL Zip Code 33156		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEIVA, GERMAN 1550 MADRUGA AVE., SUITE 406 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DECASTRO, MANUEL R 1550 MADRUGA AVE., SUITE 406 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Rodriguez de Castro, Manuel 9130 S. Dadeland Blvd., Suite 1607 Miami, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEIVA, MARIA C 1550 MADRUGA AVE., SUITE 406 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Peschiera C., A. Alicia 9130 S. Dadeland Blvd., Suite 1607 Miami, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			Manuel Rodriguez de Castro, Manager		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date _____ Daytime Phone # 305 670 3716		