2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 JUN 29 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011327

1. Entity Name
NARBITEC, LLC

S051439091804
05/11/05/ 90031 033 $50.00

Principal Place of Business	Mailing Address
2010 NW 84TH AVENUE MIAMI, FL 33122	2010 NW 84TH AVENUE MIAMI, FL 33122

04202005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-1129779 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

QUESADA, PABLO S
201 SOUTH BISCAYNE BLVD.
SUITE 2000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Clayton E. Parker
Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Blvd., Suite 2000
City: Miami FL Zip Code: 33131

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: Clayton E. Parker
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	NAREA, JAIME	
STREET ADDRESS	2010 NW 84TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	MGR	☐ Delete
NAME	MARCELO CLAURE, RAUL	
STREET ADDRESS	2010 NW 84TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jaime Narea, Jaime Narea 4/27/05 305-921-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #