

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 21, 2009
Secretary of State**

DOCUMENT# L01000012145

Entity Name: HARPOMVID, L.L.C.

Current Principal Place of Business:

500 WEST 18TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1040385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, ALVARO I
1390 BRICKELL AVENUE
SUITE 200
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: MGR () Delete
Name: HEGUILEN, OSCAR IGNACIO
Address: 500 WEST 18TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: MGR () Delete
Name: HEGUILEN, MARIA VICTORIA
Address: 500 WEST 18TH STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES:

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: OSCAR HEGUILEN MGR 04/21/2009

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