2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2005
Secretary of State

DOCUMENT# L01000016781

Entity Name: INVERSIONES VESLI, LLC

Current Principal Place of Business:

1880 SALERNO CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1880 SALERNO CIRCLE
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-1141899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARAUJO, GERARDO E
1880 SALERNO CIRCLE
WESTON, FL 33327 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	ARAUJO, GERARDO	
Address:	1880 SALERNO CIRCLE	
City-St-Zip:	WESTON, FL 33327	
Title:	MGR	( ) Delete
Name:	ARAUJO, FERNANDO	
Address:	1880 SALERNO CIRCLE	
City-St-Zip:	WESTON, FL 33327	
Title:	MGR	( ) Delete
Name:	ARAUJO, CAROLINA	
Address:	1880 SALERNO CIRCLE	
City-St-Zip:	WESTON, FL 33327	
Title:	MGR	( ) Delete
Name:	ARAUJO, VESTALIA	
Address:	1880 SALERNO CIRCLE	
City-St-Zip:	WESTON, FL 33327	
Title:	MGR	( ) Delete
Name:	ARAUJO, JUAN CARLOS	
Address:	1880 SALERNO CIRCLE	
City-St-Zip:	WESTON, FL 33327	
Title:	MGR	( ) Delete
Name:	ARAUJO, LILIA A	
Address:	1880 SALERNO CIRCLE	
City-St-Zip:	WESTON, FL 33327	

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:	
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 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 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: GERARDO ARAUJO MGR 03/27/2005

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