


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000016873 1. Entity Name PICTURVALE TRADING L.L.C.	
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Principal Place of Business AVE DE RICARDO SORIANO 12-1 29600 MARBELLA MALAGA, SPAIN,	Mailing Address ONE S.E. THIRD AVE. SUITE 2250 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02072005 - Chg-LLC	CR2E083 (10/03)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.
 2250 SUNTRUST INTERNATIONAL CENTER
 ONE S.E. THIRD AVE.
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIERKS, VEIT G <input type="checkbox"/> Delete AVE DE RICARDO SORIANO 12-1 MARBELLS, MALAGA, SPAIN, 29600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, ANTONIO N <input type="checkbox"/> Delete AVE DE RICARDO SORIANO 12-1 NARBELLA, MALAGA, SPAIN, 29600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUEDA, JOSEFA S <input type="checkbox"/> Delete AVE DE RICARDO SORIANO 12-1 MARBELLA, MALAGA, SPAIN, 29600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000355966 05/04/05-80017-001 50.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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  _____
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **10 April 2005**

205373660r