

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 20, 2006  
Secretary of State**

DOCUMENT# L01000018816

Entity Name: MESALINA L.C.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 01-0582786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE D E LEON BLVD  
1050  
CORAL GABLES, FL 33134 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: JOSE GABRIEL CANO HE, RMANDEZ  
Address: CRA. 14. NO. 94A-24  
City-St-Zip: BOGOTA, COLOMBIA,

Title: MGR (X) Delete  
Name: CORREDOR, ALICIA  
Address: 2121 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134 US

**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 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: JOSE GABRIEL CANO      MGR      01/20/2006

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