

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90013 013 ****50.00

DOCUMENT # <u>LD200000 3775</u>	
1. Entity Name <u>COMBROS, L.L.C.</u>	

DO NOT WRITE IN THIS SPACE

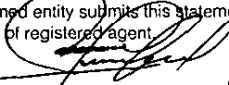
30046592

2. Principal Place of Business <u>9130 S. MADELAND BLVD.</u>		3. Mailing Address <u>9130 S. MADELAND BLVD.</u>	
Suite, Apt. #, etc. <u>SUITE # 1504</u>		Suite, Apt. #, etc. <u>SUITE # 1504</u>	
City & State <u>Miami</u>		City & State <u>Miami</u>	
Zip <u>FLORIDA</u>	Country <u>33156</u>	Zip <u>FLORIDA</u>	Country <u>33156</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>01-0632107</u>		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

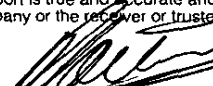
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>MARIO GUZMAN</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>9130 S. MADELAND BLVD.</u>	
	<u>SUITE # 1504</u>	
	City <u>Miami</u>	FL Zip Code <u>33156</u>

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  <u>MARIO GUZMAN REGISTER AGENT</u>	DATE <u>3-19-03</u>

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>COMESANA, DANIEL</u> <u>RIO BANDA 651-3 FLOOR APT. "A"</u> <u>BUENOS AIRES- ARGENTINA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>COMESANA, DANIEL</u> <u>RIO BANDA 651-3 FLOOR APT. "A"</u> <u>BUENOS AIRES- ARGENTINA</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>COMESANA, ALEJANDRO JOSE</u> <u>ALSINA 2168 APT. "C"</u> <u>BUENOS AIRES- ARGENTINA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  <u>DANIEL COMESANA</u>	Date <u>3/19/03</u> Daytime Phone # <u>(305) 670 1991</u>

CR2E083B (12/02)