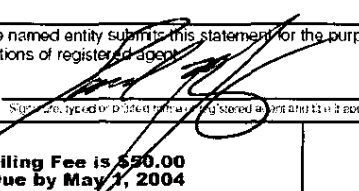
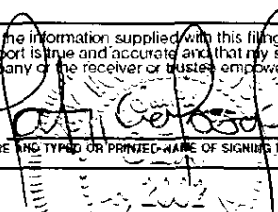


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90089 001 *****50.00

04-30-2004 90089 002 *****5.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000009349			
1. Entity Name P&V INVESTMENTS LLC			
Principal Place of Business SAN IGNACIO 157 Y AV. 6 DE DICIEMBRE ED. QUINARA PB QUITO ECUADOR,		Mailing Address SAN IGNACIO 157 Y AV. 6 DE DICIEMBRE ED. QUINARA PB QUITO ECUADOR,	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent EDWARD MONTOYA P.A. 888 BRICKELL AVENUE, FIFTH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Edward Montoya P.A. Street Address (P.O. Box Number is Not Acceptable) 232 Andalusia Avenue, Suite 370 City Coral Gables, FL Zip Code 33134	
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 		04/20/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOSA, PATRICIO SAN IGNACIO 157 Y AV. 6 DE DICIEMBRE QUITO ECUADOR. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALVADOR, VICTORIA SAN IGNACIO 157 Y AV. 6 DE DICIEMBRE QUITO ECUADOR. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  Patricio Sosa		04/20/04 305.205.8100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	