

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 12 PM 2:08

SECRETARY OF STATE
TALLAHASSEE FLORIDALIMITED LIABILITY
COMPANYFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Annual Report

DOCUMENT #

1. Limited Liability Company's Name

MBILBAO L.L.C

L-02000010097

MCH

8/12

2. Principal Office Address

51 SW 11th Street

Suite, Apt. #, etc.

Apt#734

City & State

Miami, FL

Zip

33130

Country

USA

3. Mailing Office Address

51 SW 11th Street

Suite, Apt. #, etc.

Apt#734

City & State

Miami, FL

Zip

33130

Country

USA

4. State/Country of Formation

Florida, Dade County

5. Date Organized or Qualified
To Do Business in Florida

April 26, 2002

6. FEI Number

043670953

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

NO

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Matias Bilbao

Street Address (P.O. Box Number is Not Acceptable)

51 SW 11th Street

Suite, Apt. #, Etc.

Apt #734

City

Miami

State

FL

Zip Code

33130

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date August 7th, 2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Matias Bilbao	51 SW 11th street Apt #374	Miami, FL 33130
mgrm	Jesus Bilbao	14006 Cypresswood Crossing Blvd.	Houston, TX 77070

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 08.07.04

Daytime Phone # 305-494-9794

Typed or printed name of signing Managing Member/Manager Matias Bilbao

CR2E041 (10/02)