

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90093 026 \*\*\*\*50.00

**DOCUMENT # L02000011868**

1. Entity Name  
**RAF-KAZ INTERNATIONAL LLC**



Principal Place of Business  
**3199 COMMODORE PLZ  
COCONUT GROVE, FL 33133 US**

Mailing Address  
**3199 COMMODORE PLZ  
COCONUT GROVE, FL 33133 US**



04262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3668884**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SALVATIERRA, BRUNO H  
102 MENORES AVE., APT #2  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/22/05**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	RAFECAS, DIEGO GABRIEL
STREET ADDRESS	SERRANO 1299, BUENOS AIRES
CITY- ST- ZIP	ARGENTINA,
TITLE	MGR
NAME	RAFECAS, JAIME LUIS
STREET ADDRESS	155 URBANIZACION SANTA REQUEL, ATE
CITY- ST- ZIP	LIMA, PERU,
TITLE	MGR
NAME	VARGAS, MARLO S
STREET ADDRESS	102 MENORES AVE., APT #2
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	SALVATIERRA, BRUNO H
STREET ADDRESS	102 MENORES AVE., APT #2
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**04/22/05**

Date

Daytime Phone #