


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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90586 014 ****50.00

DOCUMENT # L02000012474	
1. Entity Name ANZOLA, RAFFALLI Y RODRIGUEZ LLC	

30067237

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1221 BRICKELL AVENUE Suite, Apt. #, etc. 21 st Floor City & State Miami, Florida Zip 331131 Country Miami-Dade	3. Mailing Address 1221 Brickell Avenue Suite, Apt. #, etc. 21st Floor City & State Miami, Florida Zip 33131 Country Miami-Dade
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DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2011370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
	City Tallahassee	FL Zip Code 32301-2525

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

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member/manager ELOY ANZOLA, Torre Centuria, piso 8, avenida venezuela, caracas, venezuela	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member/manager JUAN R. RAFFALLI, Torre Centuria, piso 8, avenida venezuela, caracas, venezuela	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member/manager ANDRES HALVORSSSEN, Torre Centuria, piso 8, avenida venezuela, caracas, venezuela	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member/manager GONZALO RODRIGUEZ-MATIS, Torre Centuria, piso 8, avenida venezuela, caracas,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ELSA GAGNON ADAMS 13100 Ortega Lane, North Miami, Fl. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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>Elsa Gagnon Adams</u>	04/29/03 305-579-0512
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>

CR2E083B (12/02)