

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-02-2004 90342 001 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000020867

1. Entity Name
CUERVO Y SOBRINOS, HABANA LLC



Principal Place of Business
46 STATE STREET, 3RD FLOOR
ALBANY, NY 12207

Mailing Address
46 STATE STREET, 3RD FLOOR
ALBANY, NY 12207

34008932

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05172004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES
526 E. PARK AVE.
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

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)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MOLLYLAND INC.
STREET ADDRESS ATLANTIC CHAMBERS, ROMANCO HARBOUR HOUSE
CITY-ST-ZIP RD. TOWN, TORTOLA, BVI. CHG. ADDRESS →

TITLE Manager
NAME MOLLYLAND INC.
STREET ADDRESS TRIDENT CHAMBERS, PO Box 146
CITY-ST-ZIP ROAD TOWN TORTOLA, BVI ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Manager-Member
NAME S.A.P. SERVIZI E AMMINISTRAZIONI
STREET ADDRESS FIORENTE SAGL
CITY-ST-ZIP CORSO ELEVA 14, LUGANO, SWITZERLAND ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/17/04

Date

Daytime Phone #