

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020867

FILED
Apr 22, 2009
Secretary of State

Entity Name: CUERVO Y SOBRINOS, HABANA LLC

Current Principal Place of Business:

46 STATE STREET, 3RD FLOOR
ALBANY, NY 12207

New Principal Place of Business:

46 STATE STREET, 3RD FLOOR
ALBANY, NY 12207 US

Current Mailing Address:

46 STATE STREET, 3RD FLOOR
ALBANY, NY 12207

New Mailing Address:

46 STATE STREET, 3RD FLOOR
ALBANY, NY 12207 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, STE. A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOLLYLAND INC.
Address: TRIDENT CHAMBERS, P.O. BOX 146
City-St-Zip: ROAD TOWN, TORTOLA, XX BVI XX

Title: MGRM () Delete
Name: S.A.F. SERVIZI & AMMINISTRAZIONI
Address: FIDUCIARIE SAGL
City-St-Zip: CORSO ELVEZIA 14, LUGANO, XX SWITZERLA ND

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BIRCHSTEAD LIMITED
Address: TRIDENT CHAMBERS, PO BOX 146
City-St-Zip: ROAD TOWN, TORTOLA, XX BVI XX

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLARE SCOTT

MGR

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date