2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022235

Entity Name: V-BASIC, LLC

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7855 NW 29TH STREET 4815 NW 79TH AVENUE UNIT 158 SUITE 3

MIAMI, FL 33122 DORAL, FL 33166

Current Mailing Address: New Mailing Address:

7855 NW 29TH STREET 4815 NW 79TH AVENUE UNIT 158 SUITE 3 MIAMI, FL 33122 DORAL, FL 33166

FEI Number: 22-3867537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ECHEVERRI, ANDRES
7855 NW 29TH STREET
UNIT 158
MIAMI, FL 33122 US
ECHEVERRI, ANDRES
4815 NW 79TH AVENUE.
SUITE 3
DORAL, FL 33166 US

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: ANDRES ECHEVERRI 04/26/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 ECHEVERRI, ANDRES
 Name:
 ECHEVERRI, ANDRES

 Address:
 7855 NW 29TH STREET. UNIT 158
 Address:
 4815 NW 79TH AVENUE. SUITE 3

City-St-Zip: MIAMI, FL 33122 US City-St-Zip: DORAL, FL 33166 US

Title: MGR () Delete Title: MGR (X) Change () Addition Name: CHAVES, ABEL F CHAVES, ABEL F

Address: 7855 NW 29TH STREET, UNIT 158 Address: 4815 NW 79TH AVENUE, SUITE 3

City-St-Zip: MIAMI, FL 33122 US City-St-Zip: DORAL, FL 33166 US

Title: () Delete Title: MGRM () Change (X) Addition

Name: ECHEVERRI, NATALIA

 Address:
 Address:
 4815 NW 79TH AVENUE. SUITE 3

 City-St-Zip:
 City-St-Zip:
 DORAL, FL 33166

Title: () Delete Title: MGRM () Change (X) Addition

Name: RESTREPO, GLORIA M

Address: Address: 4815 NW 79TH AVENUE. SUITE 3

City-St-Zip: City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDRES ECHEVERRI MGR 04/26/2005