

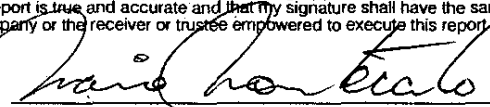


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90430 034 ****50.00

DOCUMENT # L02000026399 1. Entity Name DEL VISO LLC.			
Principal Place of Business 3702 N.E 171 STREET # 9 NORTH MIAMI BEACH, FL 33160		Mailing Address 2124 N.E 123 STREET 203 N.MIAMI, FL 33181	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address P.O. Box 611627 Suite, Apt. #, etc. City & State North Miami FL Zip Country 33261-1627 USA	
		03112004 Chg-LLC CR2E083 (10/03)	
			
		4. FEI Number 22-3875941 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEPEL, JOEL P ESQUIRE 222 LAKEVIEW AVENUE, #260 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR MONTECALVO, MARIO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTECALVO, MARIO	NAME	
STREET ADDRESS	3702 N.E 171 ST # 9	STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33160	CITY- ST- ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELL'AQUILA, ROBERTO NESTOR	NAME	
STREET ADDRESS	11738 COURT LEIGH DRIVE	STREET ADDRESS	
CITY- ST- ZIP	MAR VISTA, CA 90066	CITY- ST- ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORRONI, JUAN PABLO	NAME	
STREET ADDRESS	3702 N.E 171 ST # 9	STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33160	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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)(l), 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: 		3/11/04 786-306-2830	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	