2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000026399

1. Entity Name
DEL VISO LLC.

Principal Place of Business	Mailing Address
3702 N.E 171 STREET # 9 NORTH MIAMI BEACH, FL 33160	PO BOX 611627 MIAMI, FL 33261-1627

01112005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3875941
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOEPPEL, JOEL P ESQUIRE
222 LAKEVIEW AVENUE, #260
WEST PALM BEACH, FL 33401

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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 _____ 1/10/05
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 May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MONTECALVO, MARIO
STREET ADDRESS	3702 N.E 171 ST # 9
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	MGR
NAME	DELL'AQUILA, ROBERTO NESTOR
STREET ADDRESS	11738 COURT LEIGH DRIVE
CITY-ST-ZIP	MAR VISTA, CA 90066
TITLE	MGR
NAME	BORRONI, JUAN PABLO
STREET ADDRESS	3702 N.E 171 ST # 9
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/10/05 786-2a-3965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #