2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 23, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Sep 23, 2007 00.00 A	
DOCUMENT # L02000027017				Secre	etary of State
1. Entity Name CONSORCIO ANDINO DE COMERCIO LLC					
 .					
	e of Business	Mailing Address			
		1900 GLADES RD 359		1	
	I, FL 33431	BOCA RATON, FL 33431		 	!
DO NOT WRITE IN THIS SPA			CE	09202004No Chg-LLC C	R2E083 (10/03)
				4. FEI Number 56-2302574	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
5. Name and Address of Current Registered Agent					
SOLEDAD, KHAMSI 3789 COVENTRY LANE BOCA RATON, FL 33496				DO NOT WRI	TE
			,		
2	. •			IN THIS SPAC	
# The obeye	named antih (authorite this statement for	the purpose of changing its register	ad office or register	ed agent, or both, in the State of Florida.	I am familiar with and accent
	tions of registered agent.	the purpose of changing its register	ea office of register	CO agains or boury writing state of Fronties.	tall tallina ville, and accept
SIGNATURE	Signature, typed or printed name of registered agent as	id title if applicable. INGTE. Registers	d Agent signature required	when rematating)	MTE
Filing Fee is \$50,00 Due by September 8, 2004			000000172475 09/23/04-80001-011 50.00		
9.	MANAGING MEMBER	RS/MANAGERS			
TITLE	MGRM				
NAME Street Address	KHAMSI, SOLEDAD 3789 COVENTRY LANE				
CITY-ST-ZIP	BOCA RATON, FL 33496				
TITLE		·	• • • •		
NAME					
STREET ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	and the second		
TITLE					
NAME STREET ADDRESS				term was to to also accept to be water, to	tutte izai.
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NAME				Mac Chairm	w Kii
STREET ADDRESS	·				
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name Street address					
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11. I hereby certify that the information supplied with this filling 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.

V //

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

URE: Aslaclack Amounts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/16/04

Daytime Phone #