2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

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Entity Name: MISSURA, L.L.C.

Current Principal Place of Business:

221 MIRACLE MILE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

221 MIRACLE MILE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 42-1554683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARIO, GUZMAN
9130 SOUTH DADELAND BLVD., SUITE #1504
MIAMI, FL 33156 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	MONIS, ALEJANDRO H	
Address:	ARCOS 1641, FLOOR 7	
City-St-Zip:	BUENOS AIRES, ARGENTINA,	
Title:	MGRM	( ) Delete
Name:	MANIS, SERGIO E	
Address:	TACUARI 163, FLOOR 5	
City-St-Zip:	BUENOS AIRES, ARGENTINA,	
Title:	MGRM	( ) Delete
Name:	HUBSCHER DE MELMAN, EDIT S	
Address:	ECHEVERRIA 2015, FLOOR 5	
City-St-Zip:	BUENOS AIRES, ARGENTINA,	
Title:	MGRM	( ) Delete
Name:	GAWIANSKI DE MONIS, ADRIANA E	
Address:	O'HIGGINS 1826, FLOOR 6	
City-St-Zip:	BUENOS AIRES, ARGENTINA,	
Title:	MGRM	( ) Delete
Name:	GAWIANSKI, MARIA L	
Address:	FEDERICO LACROZE 1968, FLOOR 9	
City-St-Zip:	BUENOS AIRES, ARGENTINA,	
Title:	MGRM	( ) Delete
Name:	COLIK, ALBERTO M	
Address:	TUCMAN 163, FLOOR 5	
City-St-Zip:	BUENOS AIRES, ARGENTINA,	

ADDITIONS/CHANGES:

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

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: AL;EJANDRO MONIS MGRM 01/11/2005

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