


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90377 031 ****50.00

DOCUMENT # L02000027416 1. Entity Name MISSURA, L.L.C.			
Principal Place of Business 221 MIRACLE MILE CORAL GABLES, FL 33134		Mailing Address 221 MIRACLE MILE CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 215 MIRACLE MILES		3. Mailing Address 215 MIRACLES MILES	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CORAL GABLES - FLORIDA		City & State CORAL GABLES. FLORIDA	
Zip 33134	Country USA	Zip 33134	Country USA
6. Name and Address of Current Registered Agent MARIO, GUZMAN 9130 SOUTH DADELAND BLVD., SUITE #1504 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9130 SOUTH DADELAND BLVD. SUITE 1600 City Miami <div style="float: right;"> FL Zip Code 33134 </div>	
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, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONIS, ALEJANDRO H ARCOS 1641, FLOOR 7 BUENOS AIRES, ARGENTINA, <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANIS, SERGIO E TACUARI 163, FLOOR 5 BUENOS AIRES, ARGENTINA, <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTIAGO KESSLER, IGANCIO LAVALLE 1675, FLOOR 6, SUITE #3 BUEONS AIRES, ARGENTINA, <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAWIANSKI DE MONIS, ADRIANA E O'HIGGINS 1826, FLOOR 6 BUENOS AIRES, ARGENTINA, <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAWIANSKI, MARIA L FEDERICO LACROZE 1968, FLOOR 9 BUENOS AIRES, ARGENTINA, <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLIK, ALBERTO M TUCMAN 163, FLOOR 5 BUENOS AIRES, ARGENTINA, <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sergio Manis 4604 022807 3054464422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #