2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L03000001240

Entity Name: AMERICA VISA NETWORK L.L.C.

Current Principal Place of Business:

20221 N.E 10TH CT
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

20221 N.E 10TH CT
MIAMI, FL 33179

New Mailing Address:

FEI Number: 82-0581141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, MAURICIO J
20221 N.E 10TH CT
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

GONZALEZ, DEYANIRE
20221 N.E 10TH CT
MIAMI, FL 33179 US

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: DEYANIRE GONZALEZ 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GONZALEZ, MAURICIO J
Address: 20221 N.E 10TH CT
City-St-Zip: MIAMI, FL 33179

Title: MGRM ( ) Delete
Name: GONZALEZ, DEYANIRE
Address: 20221 N.E 10TH CT
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VARGAS, MARIA A
Address: 20221 N.E 10TH CT
City-St-Zip: MIAMI, FL 33179

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 Chapter 119, 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: DEYANIRE GONZALEZ MGRM 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date