

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005327

Entity Name: SMARTCAP, LLC

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

10815 NW 29TH STREET
MIAMI, FL 33172

New Principal Place of Business:

2600 DOUGLAS RD.
SUITE 401
CORAL GABLES, FL 33134

Current Mailing Address:

10815 NW 29TH STREET
MIAMI, FL 33172

New Mailing Address:

2600 DOUGLAS ROAD
SUITE 401
CORAL GABLES, FL 33134

FEI Number: 03-0531563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLIER, ALEJANDRO
10815 NW 29 STREET
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

POLLIER, ALEJANDRO
2600 DOUGLAS RD.
SUITE 401
CORAL GABLES, FL 33134 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: ALEJANDRO POLLIER

01/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CLARO, FELIPE
Address: APOQUINDO 3721, PISO 13
City-St-Zip: SANITAGO CHILE, CHILE 676035,

Title: MGRM () Delete
Name: POLLIER, ALEJANDRO
Address: 6610 SW 75TH TERRACE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: POLLIER, ALEJANDRO
Address: 6610 SW 75TH TERRACE
City-St-Zip: SOUTH MIAMI, FL 33143

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: ALEJANDRO POLLIER

MGRM

01/27/2005

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