## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000006922

Entity Name: LA ALDEA, LLC

**FILED** Apr 26, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1550 BRICKELL AVE. 18101 COLLINS AVE SUITE 403B PH 304

MIAMI, FL 33129 SUNNY ISLES, FL 33160

**Current Mailing Address: New Mailing Address:** 

1550 BRICKELL AVE. 18101 COLLINS AVE

SUITE 403B PH 304 MIAMI, FL 33129 SUNNY ISLES, FL 33160

FEI Number: 61-1443322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOSCHINI, MARIA S MOSCHINI, MARIA S 1550 BRICKELL AVE. 18101 COLLINS AVE SUITE 403B SUITE 403B MIAMI, FL 33160 US MIAMI, FL 33129 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: 04/26/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRN Title: () Delete

(X) Change ( ) Addition MOSCHINI, MARIA S MOSCHINI, MARIA S Name: Name:

Address: 1550 BRICKELL AVE., SUITE 403B Address: 18101 COLLINS AVE PH 304 City-St-Zip: MIAMI, FL 33129 City-St-Zip: MIAMI, FL 33160

Title: MGR () Delete Title: MGR (X) Change ( ) Addition Name: MICCIULLO, STELLA M Name: MICCIULLO, STELLA M

Address: 1550 BRICKELL AVE., SUITE 403B Address: ARCE 893 4 A

City-St-Zip: MIAMI, FL 33129 City-St-Zip: BUENOS AIRES, BU 1426 AR

Title: () Delete Title: COO ( ) Change (X) Addition

Name: ALEX, KONANYKHIN Name: 18101 COLLINS AVE PH 304 Address: Address: City-St-Zip: City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify 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: SILVINA MOSCHINI 04/26/2008