## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018158

Entity Name: MEDICA ALAMAR, LLC

**FILED** Apr 25, 2007 Secretary of State

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

**BLVD. INTERLOMAS 14-403** BLVD. INTERLOMAS 14-403

COLONIA SAN FRANCISCO LA HERRADURA COLONIA SAN FRANCISCO LA HERRADURA HUIXQUILUCAN, ESTADO DE MEXI, MX 53920 ΜX HUIXQUILUCAN, MEXICO, MX 53920

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

C/O DIEGO L. RESTREPO, ESQ. 396 AHAMBRA CIRCLE, SUITE 210 CORAL GABLES, FL 33134

FEI Number: 98-0444528 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:

RESTREPO, DIEGO L ESQ. 396 ALHAMBRA CIRCLE 210 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete MGRM Name: Name:

HOLM, ALBERTO HOLM, ALBERTO

BLVD. INTERLOMAS NUMERO 14, SUITE 403 Address: Address: BLVD. INTERLOMAS NUMERO 14, # 403 City-St-Zip: HUIXQUILUCAN, ESTADO DE MEXI, MX 53920 MX City-St-Zip: HUIXQUILUCAN, MEXICO, MX 53920 MX

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: ALBERTO HOLM 04/25/2007