## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000027287

Name:

Address:

City-St-Zip:

ALONSO SADER,

CARACAS, DF 1080

CALLE LA LOMA, QTA. MARIA LUIS, CLUB HIPIC

Entity Name: PINCIA INVESTMENTS OF FLORIDA L.C.

FILED Mar 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 151 CRANDON BLVD., NO. 528 KEY BISCAYNE, FL 33149 **Current Mailing Address: New Mailing Address:** 151 CRANDON BLVD., NO. 528 KEY BISCAYNE, FL 33149 FEI Number: 20-5756787 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: INTERNATIONAL REGISTERED AGENTS CORP 9100 CORAL WAY SUITE 7 MIAMI, FL 33165 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: Title: () Change () Addition () Delete SADER, MARIAELENA Name: Name: CALLE LA LOMA, QTA. MARIA LUIS. URB Address: Address: City-St-Zip: LOMAS DEL CLUB HIPICO, DF 1080 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: MARYEM SADER, Name: Address: CALLE LA LOMA, QTA MARIA LUIS, CLUB HIPICO Address: City-St-Zip: CARACAS, DF 1080 City-St-Zip: Title: MGR () Delete Title: () Change () Addition JORGE SADER, Name: Name: CALLE LA LOMA, QTA MARIA LUIS, CLUB HIPICO Address: Address: City-St-Zip: CARACAS, DF 1080 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIAELENA SADER MGR 03/28/2009