FILED Jul 29, 2004 8:00 am Secretary of State

07-29-2004 90145 022 ****50 00

LIMITE	D LIABILIT	Y COMPA	NY
UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT # L03000027532 1. Entity Name				07-29-2004 9	07-29-2004 90145 022 ****50.00	
P&P INTERNATIONAL CONTRACTORS, LLC						
DO NOT WRITE IN THIS SPACE			ACE	14027102	14027102	
2. Principal Place of Business 3. Mailing Address 14940 SW 166th ST Suite, Apt. #, etc. 14940 SW Suite, Apt. #, etc.		14940 SW 166	th STREI		DO NOT WRITE IN THIS SPACE	
City & State MIAMI, FL MIAMI, FL MIAMI, FL		MIAMI, FL	Country	4. FEI Number	Not Applicable	
33187	Country	-	USA	-5. Certificate of Status Desired.	\$5.00 Additional Fee Required	
	,			7. Name and Address of Current Regist	ered Agent	
DO NOT WOITE		Name AGICO	O LEON			
DO NOT WRITE IN THIS SPACE		Street Add	ress (P.O. Box Number is Not Acceptable) SW 166th STREET			
		<u> </u>	М Т М Т АМ		FL 33187	
		or the purpose of changing its rec	gistered office or re	egistered agent, or both, in the State of Florida. I	am familiar with, and accept	
_	the obligations of registered agent. SIGNATURE AGICO LEON JULY 21, 2004 OATE OATE					
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1						
9.	MANAGING MEMBE	ERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME- STREET ADDRESS CITY-ST-ZIP TITLE NAME	DIRECTOR OMAR ALBERTO PI 14940 SW 166th MIAMI, FL 331 DIRECTOR HECTOR LUIS PEF 14940 SW 166th MIAMI, FL 33	STREET 87 ROZO MALDONADO	STREET ADDRESS CITY ST- DP TITLE NAME STREET ADDRESS CITY ST- ZP TITLE NAME		ÇRZE083B (12/02)	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CRY ST-ZP	DO NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i i	- ·	TITLE NAME: STREET ADDRESS CITY-ST-2P	IN THIS SPA	4CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS DIFY-ST-ZIP			
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling does not qualify 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 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 of custee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY+ST-ZIP

SIGNATURE:

OMAR ALBERTO PIRE
SIGNATURE AND TYPED OR PRUMED NAME OF SIGNING MAMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE OMAR ALBERTO PIRELA 07/21/2004 VILLALOBOS Daysme Phone #

Chment

14027102 P&P INTERNATIONAL CONTRACTORS,

L.L.C. 14940 SW 166TH STREET

MIAMI, FL 33187 (305) 271-7310

July 21, 2004

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Doc # L03000027532

Dear Sir:

Enclosed please find a check for \$50.00 to cover the annual report fee for CY 2004 along with a completed UBR form. I never received the form.

Please accept this check in good faith. We are a new company, and I was not aware of the form until my accountant brought it up to my attention.

I sincerely hope that you would take this into consideration.

Thank you.

Verý truly yours,

OMAR ALBERTO PIRELA VILLALOBOS

Director