

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038197

FILED  
May 18, 2005  
Secretary of State

Entity Name: STATVEL ONE, LLC

**Current Principal Place of Business:**

815 N.W. 57TH AVE., STE. 405  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

815 N.W. 57TH AVE., STE. 405  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 37-1479792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ESPINOSA, PATRICIA O ESQ  
815 N.W. 57TH AVE., STE. 405  
MIAMI, FL 33126      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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PINO, HENRY  
Address: 815 N.W. 57TH AVE., STE. 405  
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete  
Name: VELAR, MANUEL C  
Address: 13950 NW 107 AVE  
City-St-Zip: MIAMI, FL 33018

**ADDITIONS/CHANGES:**

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

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

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: HENRY PINO

PRES

05/18/2005

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