2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# L03000050085

Entity Name: TECNOGLASS, LLC

Current Principal Place of Business:

10653 NE QUAYBRIDGE CT
SUITE C 2
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

10653 NE QUAYBRIDGE CT
SUITE C 2
MIAMI, FL 33138

New Mailing Address:

FEI Number: 20-0481781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBLEDO, ANTHONY
8180 NW 36 STREET
SUITE 100
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: DAES, CHRISTIAN
Address: 10653 NE QUAYBRIDGE CT #C2
City-St-Zip: MIAMI, FL 33138

Title: MGRM ( ) Delete
Name: AMIN, CARLOS
Address: 10653 NE QUAYBRIDGE CT #C2
City-St-Zip: MIAMI, FL 33138

Title: MGRM ( ) Delete
Name: DAES, EVELYN
Address: 10653 NE QUAYBRIDGE CT #C2
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: DAES, EVELYN
Address: 10653 NE QUAYBRIDGE CT #C2
City-St-Zip: MIAMI, FL 33138

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: CHRISTIAN DAES MGRM 06/29/2009

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