

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006895

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** THE ALTA GROUP LATIN AMERICAN REGION, LLC

**Current Principal Place of Business:**

1920 LAKESHORE DR  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

8930 STATE RD. 84  
# 289  
DAVIE, FL 33324

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

FORSTER, KATRIN D  
9430 LIVE OAK PLACE  
# 408  
FORT LAUDERDALE, FL 33324 US

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

FORSTER, KATRIN D  
9713 N NEW RIVER CANAL RD.  
303  
PLANTATION, FL 33324 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:

04/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CASTILLO-TRIANA, RAFAEL G  
Address: 1920 LAKESHORE DR  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: FORSTER, KATRIN D  
Address: 9430 LIVE OAK PL. # 408  
City-St-Zip: FORT LAUDERDALE, FL 33324

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: FORSTER, KATRIN D  
Address: 9713 N NEW RIVER CANAL RD. # 303  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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: KATRIN D. FORSTER

CFO

04/10/2006

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