


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000009674 1. Entity Name JOALAN INVESTMENT, LLC	
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Principal Place of Business 4315 NW 7TH ST, STE NO 51 MIAMI, FL 33126	Mailing Address 4315 NW 7TH ST, STE NO 51 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 20-0683245	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SANTIAGO, JORGE
4315 NW 7TH ST, NO 51
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELA ZULUAGA DE CADENA TRANSVERSAL 38 NO 7228 MEDELLIN COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE ANTONIO CADENA OSORIO TRANSVERSAL 38 NO 7228 MEDELLIN COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEJANDRO CADENA ZULUAGA TRANSVERSAL 38 NO 7228 MEDELLIN COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/06-80077-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Angela Zuluaga 01/18/06
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #