

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011909

Entity Name: AVANTI LATIN AMERICA LLC

FILED
Apr 07, 2006
Secretary of State

Current Principal Place of Business:

9300 NW 58TH STREET
SUITE 214
MIAMI, FL 33178

New Principal Place of Business:

5220 S UNIVERSITY DR
SUITE 107
DAVIE, FL 33328

Current Mailing Address:

9300 NW 58TH STREET
SUITE 214
MIAMI, FL 33178

New Mailing Address:

5220 S UNIVERSITY DR
SUITE 107
DAVIE, FL 33328

FEI Number: 20-0743320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALCOCER, ANDRES PD
9300 NW 58TH STREET
SUITE 214
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

HERNANDEZ, HECTOR J PD
5220 S UNIVERSITY DR
SUITE 107
DAVIE, FL 33328 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: HECTOR HERNANDEZ

04/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HECTOR, HERNANDEZ J VSPD
Address: 9300 NW 58TH STREET, SUITE 214
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: CADENA, ROBERTO C VPD
Address: 9300 NW 58TH STREET, SUITE 214
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: ALCOCER, ANDRES PD
Address: 9300 NW 58TH STREET, SUITE 214
City-St-Zip: MIAMI, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HECTOR, HERNANDEZ J PD
Address: 5220 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: MGR (X) Change () Addition
Name: CADENA, ROBERTO C VPD
Address: 5220 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: MGR (X) Change () Addition
Name: ALCOCER, ANDRES A VSPD
Address: 5220 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: MGR () Change (X) Addition
Name: GONZALEZ, ANDRES F VPD
Address: 5220 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

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: HECTOR HERNANDEZ

PD

04/07/2006

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