


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90034 022 ****50.00

DOCUMENT # L04000038401

1. Entity Name
MARVI INVESTMENTS, LLC




Principal Place of Business
 12769 N. KENDALL DRIVE
 MIAMI, FL 33186 US

Mailing Address
 12769 N. KENDALL DRIVE
 MIAMI, FL 33186 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
42-1631687

5. Certificate of Status Desired \$5.00 Additional Fee Required

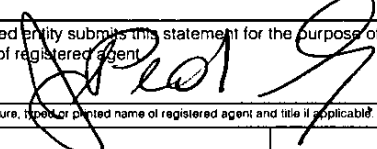
6. Name and Address of Current Registered Agent

LEONARDO, JOSE JESQ.
 12515 N. KENDALL DRIVE
 #222
 MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name **Jose I Padial, PA.**
 Street Address (P.O. Box Number is Not Acceptable) **2600 S. Douglas Rd.**
PH 6.
 City **Orlando, FL** Zip Code **32834**

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  **Jose I Padial** DATE **1-5-2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~Filing Fees: \$50.00~~
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILA, JOSE 12769 NORTH KENDALL DRIVE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X Jose Vila** Date **01/11/06** Daytime Phone # **305-3806661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE