

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90010 025 \*\*\*\*\*55.00

**DOCUMENT # L04000041447**

1. Entity Name

CAMODEL LLC



Principal Place of Business

73 N.W. 167 STREET  
N MIAMI BEACH FL 33169

Mailing Address

73 N.W. 167 STREET  
N MIAMI BEACH FL 33169

2. Principal Place of Business

3. Mailing Address

6317 S.W. 11 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
West Miami Florida

Zip

Country

Zip  
33144

Country  
Miami-Dade

4. FEI Number

43-1967579

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CADELLI, HUGO D  
1985 S OCEAN DRIVE, APT 2-G  
HALLANDALE, FL 33009

Name  
JOSE A. PEREZ

Street Address (P.O. Box Number is Not Acceptable)

6317 S.W. 11 Street

City  
West Miami

FL

Zip Code  
33144

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

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
COLOMBO, MARCELO  
LIBERTAD 836 3RD FLOOR, #63  
BUENOS AIRES, ARGENTINA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ANDERSON, FAVIO  
LIBERTAD 836 3RD FLOOR, #63  
BUENOS AIRES, ARGENTINA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

MARCELO COLOMBO

7-18-05

(305) 261-6417

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

Date

Daytime Phone #