

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90036 047 ****55.00

DOCUMENT # L04000046036					
1. Entity Name FOURDIAZ VARGAS LLC					
Principal Place of Business 13435 SW 90TH TERRACE MIAMI, FL 33186			Mailing Address 13435 SW 90TH TERRACE MIAMI, FL 33186		
2. Principal Place of Business 2332 Galiano St Suite 209 Coral Gables, FL 33134 USA		3. Mailing Address 2332 Galiano St Suite 209 Coral Gables, FL 33134 USA			
4. FEI Number 55-0874005				03222006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent FOURDIAZ DESIGN, INC 13435 SW 90TH TERRACE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name: fourdiaz design inc Street Address (P.O. Box Number is Not Acceptable): 2332 Galiano St Suite 209 City: Coral Gables FL Zip Code: 33134		
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: <u>JOSE G. DIAZ (MGRM)</u> DATE: <u>03/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$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	MGR AVACO INTERNATIONAL 2694 MEADOWOOD COURT WESTON, FL 33332	<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	MGRM FOURDIAZ DESIGN, INC. 13435 SW 90TH TERRACE MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2332 Galiano St Suite 209 Coral Gables FL 33134	
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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	
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: <u>JOSE G. DIAZ (MGRM)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>03/31/06</u> Daytime Phone #		