## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054177

Entity Name: CUATROSAL INVESTMENTS LLC

FILED Apr 30, 2006 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

CCS 10600 4440 NW 73 AVE CCS 10600 11010 NW 30TH ST MIAMI, FL 33166 US

STE 104

MIAMI, FL 33172

**Current Mailing Address: New Mailing Address:** 

CCS 10600 11010 NW 30TH ST CCS 10600 4440 NW 73 AVE

MIAMI, FL 33166 STE 104

MIAMI, FL 33172 US

ADDITIONS/CHANGES:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALAZAR, HERNAN D SALAZAR, HERNAN D CCS 10600 11010 NW 30TH ST CCS 10600 4440 NW 73 AVE

MIAMI, FL 33166 STE104

MIAMI, FL 33172 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: 04/30/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete (X) Change ( ) Addition

SALAZAR, HERNAN D Name: SALAZAR, HERNAN D Name: CCS 10600 4440 NW 73 AVE Address: CCS 10600 4440 NW 73 AVE STE 104 Address:

MIAMI, FL 33166 US MIAMI, FL 33172 US

City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition SALAZAR, ISABEL M Name: SALAZAR, ISABEL M Name:

Address: CCS 10600 4440 NW 73 AVE Address: CCS 10600 4440 NW 73 AVE STE 104

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete Title: MGRM

(X) Change ( ) Addition SALAZAR, OLY SALAZAR, OLY Name: Name:

CCS 10600 4440 NW 73 AVE STE 104 CCS 10600 4440 NW 73 AVE Address:

Address: City-St-Zip: MIAMI, FL 33166 US City-St-Zip: MIAMI, FL 33172 US

(X) Change ( ) Addition Title: MGRM ( ) Delete Title: MGRM Name: SALAZAR, BERNARDO Name: SALAZAR, BERNARDO

Address: CCS 10600 4440 NW 73 AVE Address: CCS 10600 4440 NW 73 AVE STE 104

City-St-Zip: MIAMI, FL 33166 US City-St-Zip: MIAMI, FL 33172 US

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: HERNAN DAVID SALAZAR **MGRM** 04/30/2006