2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90023 044 ****55.00

DOCUMENT # L04000054893

1. Entity Name
VIGAR INVESTMENT, LLC

Principal Place of Business	Mailing Address
6444 COLLINS AVENUE APT. # 204 MIAMI BEACH, FL 33141	P.O BOX 143770 CORAL GABLES, FL 33114

14002707

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. P.O. BOX 143770	Suite, Apt. #, etc. P.O. BOX 143770
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33114 Country US	Zip 33114 Country US

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 201410996 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILLAREAL, JUAN C 6444 COLLINS AVENUE APT. # 204 CORAL GABLES, FL 33141	Name JUAN C. VILLAREAL Street Address (P.O. Box Number is Not Acceptable) 7250 SW 68th Ct City S. MIAMI FL Zip Code 33143

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] 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	SAME	☒ Change ☐ Addition
NAME	VILLAREAL, JUAN C		NAME		
STREET ADDRESS	6444 COLLINS AVENUE		STREET ADDRESS	P.O. BOX 143770	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	Coral Gables, FL 33114	
TITLE	MGRM	☐ Delete	TITLE	SAME	☒ Change ☐ Addition
NAME	VIGAR, LTDA		NAME		
STREET ADDRESS	6444 COLLINS AVENUE		STREET ADDRESS	P.O. BOX 143770	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	Coral Gables, FL 33114	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/25/05 (305)986-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #