2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L04000059886

1. Entity Name
CONDOR GROUP, LLC

Principal Place of Business	Mailing Address
10795 NW 70TH STREET MIAMI, FL 33178	10795 NW 70TH STREET MIAMI, FL 33178

04112006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2480635
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALFAGEME, MARIA
10267 NORTHWEST 57TH STREET
MIAMI, FL 33178

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PAREDES MAIBACH, GROCIO
STREET ADDRESS	AV. ALAMEDA SUR 258
CITY-ST-ZIP	LIMA, PERU,
TITLE	MGRM
NAME	MATSUMAKA, VICTOR T
STREET ADDRESS	AV. ALAMEDA SUR 258
CITY-ST-ZIP	LIMA, PERU,
TITLE	MGRM
NAME	PUGA, CLAUDIA R
STREET ADDRESS	AV. ALAMEDA SUR 258
CITY-ST-ZIP	LIMA, PERU,
TITLE	MGRM
NAME	ALFAGEME, MARIA
STREET ADDRESS	10267 NORTHWEST 57TH STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80013-020 50.00

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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: _____ April 25, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #