

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068494

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: JOCOSA, LLC

**Current Principal Place of Business:**

9974 NOBHILL LANE  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

CRA. 100 # 23H 63  
BOGOTA, CO BOGOTA CO

**Current Mailing Address:**

5805 BLUE LAGOON DR  
SUITE 200  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 20-1649298      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DR  
SUITE 200  
MIAMI, FL 33126 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PASOS, ORFA NELLY  
Address: 9974 NOBHILL LANE  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR ( ) Delete  
Name: MENDOZA, ALBERTO  
Address: 9974 NOBHILL LANE  
City-St-Zip: SUNRISE, FL 33351 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PASOS, ORFA NELLY  
Address: CRA. 100 # 23H 63  
City-St-Zip: BOGOTA, CO BOGOTA CO

Title: MGRM (X) Change ( ) Addition  
Name: DEL RIO PASOS, JUAN FELIPE  
Address: CRA. 100 # 23H 63  
City-St-Zip: BOGOTA, CO BOGOTA CO

Title: MGRM ( ) Change (X) Addition  
Name: DEL RIO PASOS, CATALINA  
Address: CRA. 100 # 23H 63  
City-St-Zip: BOGOTA, CO BOGOTA CO

I hereby certify that the information supplied with this filing does not qualify 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: ORFA NELLY PASOS      MGRM      04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date