


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000079621 1. Entity Name PICHINCHA LLC					
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133			Mailing Address 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ (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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALLEJO, CLEMENTE		NAME	500054237565	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, STE. 703		STREET ADDRESS	05/10/05--01106--001 **1802.50	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERRANO, CARLOS		NAME		
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, STE. 703		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARAHONA, JOSE A		NAME		
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, STE. 703		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Clemente Vallejo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>1/31/05</u> Daytime Phone # <u>(305) 858-9900</u>		

FILED
05 MAY -2 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1831634** Applied For ☐ Not Applicable ☒

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