2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 17, 2009
Secretary of State

DOCUMENT# L04000081407

Entity Name: EMPRESAS Y & V, LLC

Current Principal Place of Business:

1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-1902370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146 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: CHACON, CESAR
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete
Name: YANES, LUIS A
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Delete
Name: VERGARA, DAVID R
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Delete
Name: LUCIANI, LUIS A
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Delete
Name: ZERPA, JORGE
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Delete
Name: UTRERA, FRANCISCO J
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: FERNANDEZ, ANGELA
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANGELA FERNANDEZ MGR 07/17/2009

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