

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084192

Entity Name: VINAMERICAS SELECTIONS, LLC

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

1680 MICHIGAN AVE, STE. 700
MIAMI BEACH, FL 33139

New Principal Place of Business:

1680 MICHIGAN AVENUE
SUITE 700
MIAMI BEACH, FL 33139

Current Mailing Address:

1680 MICHIGAN AVE, STE. 700
MIAMI BEACH, FL 33139

New Mailing Address:

1680 MICHIGAN AVENUE
SUITE 700
MIAMI BEACH, FL 33139

FEI Number: 20-1939633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNAD, DAVID
1680 MICHIGAN AVE, STE. 700
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

BERNAD, DAVID
1680 MICHIGAN AVENUE
SUITE 700
MIAMI BEACH, FL 33139 US

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: DAVID BERNAD

03/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VINAMERICAS, INC.,
Address: 1680 MICHIGAN AVE, STE 700
City-St-Zip: MIAMI BEACH, FL

Title: MGR () Delete
Name: LOPEZ, NATALIA
Address: 1901 BRICKELL AVENUE B2408
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

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 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: NATALIA LOPEZ

MGRM

03/01/2007

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