

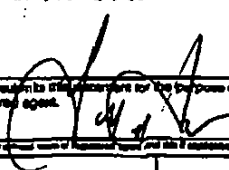
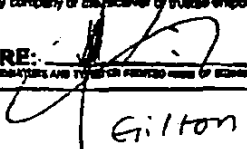
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FILED
Jul 03, 2006 8:00 am
Secretary of State

04-26-2006 90018 006 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000015979			
1. Entity Name PRINCIPADO INVESTMENTS, LLC			
Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		5. Name and Address of New Registered Agent Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is also acceptable) 520 Brickell Key Drive Suite 0-305 Miami FL 33131	
6. The above named entity submits this statement for the purpose of changing its registered office or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4/3/06	
Filing Fee is \$30.00 Due by May 1, 2006			
7. ADDITIONAL CHANGES			
MANAGING MEMBER/MANAGER		MANAGER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renato Scalf 520 Brickell Key Dr. Ste 0-305 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Gilton De Souza 520 Brickell Key Drive Suite 0-305 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carlos Guimaraes 520 Brickell Key Dr. Ste 0-305 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gilton de Souza 520 Brickell Key Dr. Ste 0-305 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	None
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
8. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information reflected on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or the member or trustee empowered to execute this report as required by Chapter 106, Florida Statutes.			
SIGNATURE: 		DATE 3-30-06 3054476809	
Gilton De Souza			