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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	Mailing Address
520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131	520 BRICKELL KEY DRIVE, SUITE O-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

022262006 Chg-LLC CR2E053 (11/05)

4. FEI Number 20-2394426 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC
520 BRICKELL KEY DRIVE, SUITE O-305
MIAMI, FL 33131

7. 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 O-305
City Miami FL Zip Code 33131

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 Samuel P. Heuer 4/3/06
(Signature, name of individual name of Registered Agent and title if applicable) (DATE Registered Agent's signature required when submitting) Date

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE Renato Scaff ☐ Delete NAME STREET ADDRESS 520 Brickell key Dr. Ste O-305 CITY-ST-ZIP Miami, FL 33131	TITLE MANAGER ☐ Change ☒ Addition NAME Gilton De Souza STREET ADDRESS 520 Brickell Key Drive Suite O-305 CITY-ST-ZIP Miami, FL 33131
TITLE Carlos Guimaraes ☐ Delete NAME STREET ADDRESS 520 brickell key Dr. Ste O-305 CITY-ST-ZIP Miami, FL 33131	☐ Change ☐ Addition
TITLE M Gilton de Souza ☐ Delete NAME STREET ADDRESS 520 Brickell key Dr. Ste O-305 CITY-ST-ZIP Miami, FL 33131	Mano ☐ Change ☒ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, 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: Manager 3.30.06 3054476809
(SIGNATURE AND TITLE OR PRINTED NAME OF AUTHORIZED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #

Gilton De Souza