

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019147

FILED
May 01, 2006
Secretary of State

Entity Name: INSUALCA INTERNATIONAL GROUP, LLC

Current Principal Place of Business:

201 ALHAMBRA CIRCLE, SUITE 502
C/O ARVESU & ASSOCIATES, PLLC
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIRCLE, SUITE 502
C/O ARVESU & ASSOCIATES, PLLC
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARVESU & ASSOCIATES, PLLC
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: ORLANDO AUGUSTO SUAR, EZ ALVAREZ
Address: 201 ALHAMBRA CIRCLE, SUITE 502
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MGR () Delete
Name: MARIA EUGENIA RAMIRE, Z DE SUAREZ
Address: 201 ALHAMBRA CIRCLE, SUITE 502
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MGR () Delete
Name: ORLANDO JAVIER SUARE, Z RAMIREZ
Address: 201 ALHAMBRA CIRCLE, SUITE 502
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MGR () Delete
Name: MARIA WALESWKA SUARE, Z RAMIREZ
Address: 201 ALHAMBRA CIRCLE, SUITE 502
City-St-Zip: CORAL GABLES, FL 33134

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

Title: T () Delete
Name: CARRATUS, CARLOS E
Address: 201 ALHAMBRA CIRCLE, SUITE 502
City-St-Zip: CORAL GABLES, FL 33134

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: ORLANDO AUGUSTO SUAREZ ALVAREZ

MGR

05/01/2006

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