


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90331 011 \*\*\*\*50.00

<b>DOCUMENT # L05000019147</b>	
1. Entity Name INSUALCA INTERNATIONAL GROUP, LLC	

Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 502 C/O ARVESU & ASSOCIATES, PLLC CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE, SUITE 502 C/O ARVESU & ASSOCIATES, PLLC CORAL GABLES, FL 33134
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60047316



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. Ste 700	Suite, Apt. #, etc. Ste 700
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04262007 Chg-LLC CR2E083 (12/06)

City & State	City & State
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ARVESU & ASSOCIATES, PLLC 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent	
Name HUMAN LAW FIRM PLLC	
Street Address (P.O. Box Number is Not Acceptable) 2853 EXECUTIVE PARK DR.	
City STE 201	
City WESTON	FL Zip Code 33331

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 Mark Huma DATE 4/30/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANDO AUGUSTO SUAREZ ALVAREZ 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA EUGENIA RAMIREZ DE SUAREZ 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANDO JAVIER SUAREZ RAMIREZ 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA WALESKA SUAREZ RAMIREZ 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRATUS, CARLOS E 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ste 700 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ste 700 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ste 700 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ste 700 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ste 700 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: Orlando Suarez, MGR DATE: 4/30/07 DAYTIME PHONE: 305 442-2558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE