


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L05000019147**

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

60047316



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 Ste 700

3. Mailing Address  
 Suite, Apt. #, etc.  
 Ste 700

04262007 Chg-LLC CR2E083 (12/06)

City & State  
 City & State

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
~~ARVESU & ASSOCIATES, PLLC~~  
~~201 ALHAMBRA CIRCLE, SUITE 502~~  
~~CORAL GABLES, FL 33134~~

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.  
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: [Signature] - Mark Human 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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANDO AUGUSTO SUAREZ ALVAREZ <input type="checkbox"/> Delete 201 ALHAMBRA CIRCLE, SUITE <del>502</del> CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA EUGENIA RAMIREZ DE SUAREZ <input type="checkbox"/> Delete 201 ALHAMBRA CIRCLE, SUITE <del>502</del> CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANDO JAVIER SUAREZ RAMIREZ <input type="checkbox"/> Delete 201 ALHAMBRA CIRCLE, SUITE <del>502</del> CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA WALESWKA SUAREZ RAMIREZ <input type="checkbox"/> Delete 201 ALHAMBRA CIRCLE, SUITE <del>502</del> CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRATUS, CARLOS E <input type="checkbox"/> Delete 201 ALHAMBRA CIRCLE, SUITE <del>502</del> CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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