
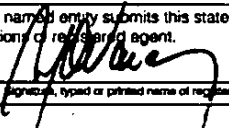



2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-08-2007 90192 047 ****55.00

DOCUMENT # L05000040568 1. Entity Name BUEN VALOR INVESTMENTS LLC			
Principal Place of Business 7809 WEST COMMERCIAL BLVD TAMARAC, FL 33351		Mailing Address 5944 CORAL RIDGE DRIVE 205 CORAL SPRINGS, FL 33076 US	
2. Principal Place of Business - No P.O. Box # 18683 COLLINS AV.		3. Mailing Address SAME	
Suite, Apt. #, etc. APT 503		Suite, Apt. #, etc. 	
City & State SUNNY ISLES		City & State 	
Zip 33163	Country USA	Zip 	Country
6. Name and Address of Current Registered Agent ABADIE, JUAN P 7809 WEST COMMERCIAL BLVD TAMARAC, FL 33351		7. Name and Address of New Registered Agent Name NORBERTO VARAS Street Address (P.O. Box Number is Not Acceptable) 18683 COLLINS AV. APT 503 City SUNNY ISLES FL 33169	
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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARAS, NORBERTO	NAME	
STREET ADDRESS	7809 COMMERCIAL BLVD	STREET ADDRESS	
CITY - ST - ZIP	TAMARAC, FL 33351	CITY - ST - ZIP	
TITLE	MANAGER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGHAROT, MALIANA	NAME	
STREET ADDRESS	18683 COLLINS AV. - APT 503 - SUNNY ISLES	STREET ADDRESS	
CITY - ST - ZIP	33169	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 		DATE 2/10/2007 305-335-3332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			