

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90107 001 ***600.00

DOCUMENT # L05000050803

1. Entity Name
EDUVAL, L.L.C.



Principal Place of Business
31 SE 5TH STREET, UNIT 915
MIAMI, FL 33131

Mailing Address
9737 NW 41ST STREET, #615
MIAMI, FL 33178

30004238



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012006 Chg-LLC CR2E083 (11/05)

4. FEI Number

65-1258098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET, SUITE C201
DORAL, FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME PEREZ, SELEIDA M ☐ Delete
STREET ADDRESS 10556 NW 26TH STREET, SUITE D-101
CITY-ST-ZIP DORAL, FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME PEREZ, EDUARDO C ☐ Delete
STREET ADDRESS 10556 NW 26TH STREET, SUITE D-101
CITY-ST-ZIP DORAL, FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Joseph F. Cabanas

03/31/06 (305) 6298191

ATTACHMENT

30004238

L05000050803



Accounting / Tax Planning & Preparation
Member of National Society of Public Accountants
Florida Association of Independent Accountants

April 1, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314

RE: 2006 ANNUAL REPORTS

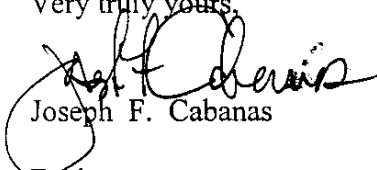
Gentlemen:

Please find attached hereto our check No. 5589 for \$600.00 to cover the renewal fees for the following LLC's:

P.C. 309, LLC
EDUVAL, LLC
DIVIAN UNO, LLC
DIVIAN DOS, LLC
COSTAMAR SOLE, LLC
P.C. 707, LLC
INVERSIONES CABRAL, LLC
SUCURUSOS PC 1517, LLC
SCATTOLINI ENTERPRISES, LLC
SAVONA INVESTMENT, LLC
SAN REMO 17 INVESTMENT, LLC
ALBISOLA INVESTMENT, LLC

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas

Enclosures