

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050803

Entity Name: EDUVAL, L.L.C.

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

31 SE 5TH STREET, UNIT 915  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-1258098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: PEREZ, SELEIDA M  
Address: 10556 NW 26TH STREET, SUITE D-101  
City-St-Zip: DORAL, FL 33172

Title: MGRM ( ) Delete  
Name: PEREZ, EDUARDO C  
Address: 10556 NW 26TH STREET, SUITE D-101  
City-St-Zip: DORAL, FL 33172

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: EDUARDO PEREZ

MGRM

04/30/2008

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