2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State
07-18-2008 90051 012 ***538.75

30011014

DOCUMENT # L05000058056

1. Entity Name
ASESORES INTERNACIONALES DE VENEZUELA LLC

Principal Place of Business	Mailing Address
1110 BRICKELL AVE SUITE 430 K-5 MIAMI, FL 33131	1110 BRICKELL AVE SUITE 430 K-5 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06302008 Chg-LLC 51-0562004 CR2E085 (12/06)

4. FEI Number APPLIED FOR 51-0562004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NARANJO, CESAR 1110 BRICKELL AVE SUITE 430 K-5 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

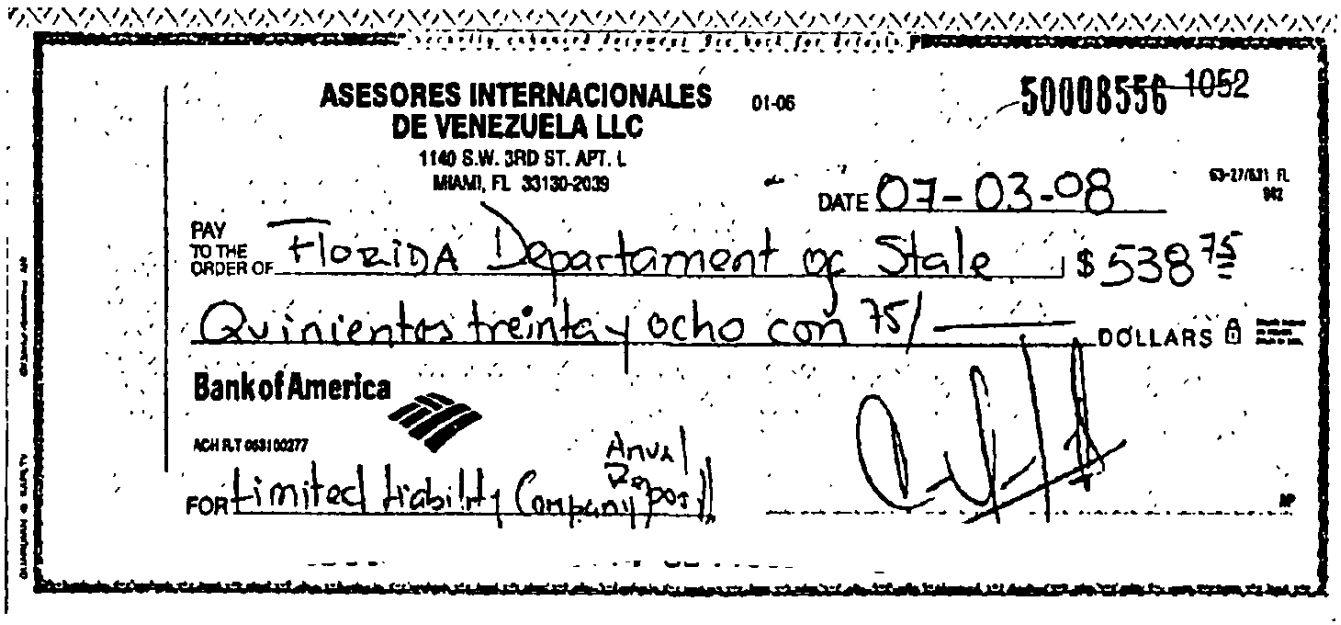
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NARANJO, CESAR 1110 BRICKELL AVE SUITE 430 K-5 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CASTRILLO, PILAR 1110 BRICKELL AVE SUITE 430 K-5 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHETRIT, SILVIA 1110 BRICKELL AVE SUITE 430 K-5 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT 30011014 # L05000058056

Amount:	$538.75	Sequence Number:	5750855823
Account:	4433893783	Capture Date:	07/21/2008
Bank Number:	06310027	Check Number:	1052



ASESORES INTERNACIONALES DE VENEZUELA LLC
1140 S.W. 3RD ST. APT. L
MIAMI, FL 33130-2039

01-06

50008556 1052

DATE 07-03-08

PAY TO THE ORDER OF Florida Departament of State $538 75/100

Quinientos treinta y ocho con 75/100 DOLLARS

Bank of America

ACH R/T 063100277

FOR Limited Liability Company Annual Report

JUL 21

FOR DEPOSIT ONLY
ACCT. # 1009068799

JUL 18 2008

237 07 73543

ATTACHMENT # 30011014 L05000058056

New Account Form
Miami-Dade County Local Business Tax

Formulario para nueva cuenta
Impuesto Comercial Local
Condado de Miami-Dade

Fom Nouvo Kont
Enpo Commercial Local
Konte Miami-Dade

Application Date / *Fecha de la solicitud* / Dat Aplikasyon: 12-13-07

Office Use Only
Receipt # / *Numero de Recibo* / Nimewo de preuve

140 W. Flagler St. • Miami, FL 33130 • Phone 305-270-4949 • Fax 305-372-6368
In person / *En persona* / Ale personelman: #101 • **By mail** / *Por correo* / Pa lapos: #1407

Miami-Dade County Code Chapter 8A Articles IX & X	Código del Condado de Miami-Dade Capitulo 8a Articulo IX y X	Kòdiwa Konte Miami-Dade Chapit 8A Atik 9 ak 10
• **All Local Business Tax Receipts expire September 30 of each Year.** • **All information provided by the taxpayer will become part of the public records, except the SSN which is protected by the confidentiality law of the State of Florida.** • **No Local Business Tax Receipt shall be issued until applicable state laws are complied with, including, but not limited to, fictitious name registration, corporate documents, social security #, and EIN #.**	• *Todos los Recibos de Impuesto Local Comercial vencen el 30 de septiembre de cada año.* • *Excepto lo relacionado con el número del seguro social, que está protegido por la ley de confidencialidad del Estado de la Florida, todos los datos suministrados por el contribuyente pasarán a formar parte de los documentos públicos.* • *No se emitirán Recibos de Impuesto Comercial mientras no se hayan cumplido las disposiciones de todas la leyes estatales pertinentes, incluidas, entre otras, las referentes a la inscripción de nombre ficticio y los documentos corporativos, el número del seguro social y el número de EIN.*	• Tout Preuve de Empo Commercial yo fini 30 Septanm chak ane. • Tout enfòmasyon peyè taks la soumèt ap nan rejis piblik yo, eksepte nimewo sosyal li (SSN) ki pwoteje dapre lwa konfidansyalite Eta Florid. • Toutotan ke lwa eta you ki aplikab pou Preuve de Empo Commercial yo pa satisfè, enkli men ki pa limite sou koze anrejistreman non envante, dokiman kòporasyon yo, nimewo Sosyal Sekirite, ak EIN (nimewo idantifikasyon taks) la, yo pap emèt preuve de empo commercial.

Have you received a Warning Notice from a Finance Enforcement Officer?	**Yes**	**No**	*¿Ha recibido usted un aviso de advertencia de un Oficial de Finanzas?*	*Si*	*No*	Èske yon Enspektè de Finances janm ba w yon avetisman?	Wi	Non
					X			

Business Name / *Nombre del negocio* / Non Biznis: Asesores Internacionales de Venezuela.

Start Date / *Fecha de Inicio* / Dat Komansman: 12/13/07

Telephone / *Teléfono* / Telfòn: 305-329-1488 Ext 4003

Business Address / *Dirección del Negocio* / Adrès Biznis: 1110 Brickell Av.

Suite/Bay # / *Núm .de Oficina* / Nimewo Sal "bay": 430-K5

Zip / *Zona Postal* / Zip: 33131

Corporation/Owner's Name / *Nombre de los Dueños/Compañía* / Koporasyon/Non pwopriyete: Silvia Chetrit; Cesar Naranjo; Pilar Castillo

President's Name / *Nombre del Presidente* / Non Prezidan: Silvia Chetrit

Mail Address (if different) / *Dirección Postal (si fuera distina)* / Adres Lapos (si diferan): ASINTERVEN@HOTMAIL.COM

Federal Employer I.D. # / *Núm. de Identidad Fed. de Empleador* / Num. Idantifikasyon Fed. Employer yo: 51-0562004
(Document required / *Se requiere documento* / Dokiman Egzijib)

Suite # *Núm de Oficina* Nimewo Sal	**City** *Cuidad* Vil	**State** *Estado* Etat	**Zip** *Zona Postal* Zip	**Social Security #** / *Num. del Seguro Social* / Nimewo Sekirite Sosyal
430K5	Miami	FL	33131	770-28-0227

(Document required / *Se requiere documento* / Dokiman Egzijib)

Check one / *Marque uno de los siguientes* / Tcheke youn:

Store *Tienda* Magazen	**Office** *Oficina* Biwo	**Warehouse** *Nave (almacen)* Depo	**Home** *Casa* Lakay	**Apt #** *Depto.* Apatman	**Mailing Facility** *Oficina Postal* Biwo Postal	**Other** *Otro* Lòt
	X					

Detailed Description of Business / *Descripción detallada del negocio* / Deskripsyon Biznis la an detay: Administrative ~~Business~~, traslations, Services.

Maximum number of / *Número máximo de* / Maksimòm Kantite:

Employees *Empleados* Anplwaye yo	**Machines** *Maquinas* Aparèy yo	**Rooms** *Habitaciones* Sal yo	**Restaurant Seats** *Sillas en restaurante* Syè j Restoran	**Other** *Otro* Lòt
2				

Please Print / *Escriba en letra de molde* / Tanpri Ekri ak Gwo Lèt: Silvia Chetrit

Applicant's Name / *Nombre y Apellido del Solicitante* / Non Aplikan

Applicant's Title / *Título de Solicitante* / Tit Aplikan: Presinte.

Applicant's Signature / *Firma del Solicitante* / Siyati Aplikan

Drivers License Number / *Núm. de Licencia de Conducción* / Nimewo Lisans Kondwi: C-363-789-59-440.

OFFICE USE ONLY:

Section/Code: _____ Clerk: _____ Municipality Number _____ Unincorporated Dade ☐

Verified: State Lic. ☐ Corporation/Fict. Name ☐ SSN/EIN ☐