

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075685

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: BIZKAI, LLC

**Current Principal Place of Business:**

AVDA LA ESTANCIA CCCT TORRE B PISO 11  
OF 1101  
CHUAO, CARACAS, . VENEZUELA

**New Principal Place of Business:**

**Current Mailing Address:**

5805 BLUE LAGOON DR  
SUITE 200  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 98-0485381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DR  
SUITE 200  
MIAMI, FL 33126 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: MARTINEZ, JESUS ANGEL  
Address: AV. LA ESTANCIA, CCCT TORRE B, OFC. 1107  
City-St-Zip: CHUAO, CARACAS, . VENEZUELA

Title: MGRM ( ) Delete  
Name: MARTINEZ, JOSE LUIS  
Address: AV. LA ESTANCIA, CCCT TORRE B, OFC. 1107  
City-St-Zip: CHUAO, CARACAS, . VENEZUELA

**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: JESUS ANGEL MARTINEZ

MGRM

04/23/2009

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