


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90229 020 \*\*\*\*50.00

<b>DOCUMENT # L05000081507</b> 1. Entity Name <b>SALT GOLD INTER CHILE, LLC</b>			
Principal Place of Business <b>10400 GRIFFIN ROAD SUITE 303D COOPER CITY, FL 33328</b>		Mailing Address <b>10400 GRIFFIN ROAD SUITE 303D COOPER CITY, FL 33328</b>	
2. Principal Place of Business <b>9900 Stelling Road</b> Suite, Apt. #, etc. <b>220</b>		3. Mailing Address <b>9900 STERLING Rd</b> Suite, Apt. #, etc. <b>220</b>	
City & State <b>COOPER CITY FL</b>		City & State <b>COOPER CITY FL</b>	
Zip <b>33024</b>	Country	Zip <b>33024</b>	Country
4. FEI Number <b>20-3339067</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAZ, MONICA 10400 GRIFFIN ROAD SUITE 303D COOPER CITY, FL 33328</b>		7. Name and Address of New Registered Agent Name <b>PAZ, MONICA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9900 STERLING Road Suite 220</b> City <b>COOPER CITY</b> <b>FL</b> Zip Code <b>33024</b>	
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 <u><i>Monica Paz</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FIGUEROA, DUVERILDO R 10400 GRIFFIN ROAD, SUITE 303D COOPER CITY, FL 33328</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FIGUEROA, DUVERILDO R 9900 STERLING ROAD SUITE 220 COOPER CITY FL 33024</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			