2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90369 012 ****50.00

40113639

05092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000081507

1. Entity Name
SALT GOLD INTER CHILE, LLC

Principal Place of Business
9900 STERLING RD
SUITE 220
COPER CITY, FL 33024

Mailing Address
9900 STERLING RD
SUITE 220
COPER CITY, FL 33024

2. Principal Place of Business - No P.O. Box #: 5380 SW 61ST AVE
Suite, Apt. #, etc.: —
City & State: DAVIE FL
Zip: 33314 Country: BROWARD

3. Mailing Address: 5380 SW 61ST AVE
Suite, Apt. #, etc.: —
City & State: DAVIE
Zip: 33314 Country: BROWARD

4. FEI Number: 20-3339067 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PAZ, MONICA
9900 STERLING RD
SUITE 220
COPER CITY, FL 33024

7. Name and Address of New Registered Agent

Name: PAZ, MONICA
Street Address (P.O. Box Number is Not Acceptable): 5380 SW 61ST AVE
City: DAVIE FL Zip Code: 33314

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 X — Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 05-09-07

Filing Fee Is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	FIGUEROA, DUVERILDO R	NAME	FIGUEROA, DUVERILDO R
STREET ADDRESS	9900 STERLING DR SUITE 220	STREET ADDRESS	5380 SW 61ST
CITY-ST-ZIP	COPER CITY, FL 33024	CITY-ST-ZIP	DAVIE FL 33314
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: X — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date: 05-09-07. — Daytime Phone #: (954) 732-2512