


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90229 027 \*\*\*\*50.00

DOCUMENT # L05000101128			
1. Entity Name VIA AQUILA LLC			
Principal Place of Business C/O JUAN A. FIGUEROA, P.A., CPA 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131		Mailing Address C/O JUAN A. FIGUEROA, P.A., CPA 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # c/o LUIS DIAZ, CPA		3. Mailing Address c/o LUIS DIAZ, CPA	
Suite, Apt. #, etc. 4627 PONCE DE LEON BLVD		Suite, Apt. #, etc. 4627 PONCE DE LEON BLVD	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33146	Country USA	Zip 33146	Country USA
4. FEI Number 20-3639404		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, LUIS E 4627 PONCE DE LEON BLVD CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAMBETTA FINANCE S.A. 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
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
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
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: 4-3-07 Daytime Phone #: 785-66-7277	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			