

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

04-03-2006 90074 043 ****50.00

DOCUMENT # L05000102328	
1. Entity Name GLOBAL CONTRACTORS INTERNATIONAL, LLC	

Principal Place of Business 899 WEST AVENUE, APT. 9J MIAMI BEACH, FL 33139	Mailing Address 899 WEST AVENUE, APT. 9J MIAMI BEACH, FL 33139
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3664754	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ARIAS TOVAR, ILEANA ESQ. ARIAS TOVAR & ASSOCIATES, P.A. WESTON TOWN CENTER, 1725 MAIN ST. STE 209 WESTON, FL 33326	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 GUSTAVO PORTUESE	(NOTE: Registered Agent signature required when re-registering)	DATE
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**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PORTUESE, GUSTAVO 899 WEST AVENUE, APT. 9J MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PORTUESE, RAFFAELE 899 WEST AVENUE, APT. 9J MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOSCHELLA, CARMELO 899 WEST AVENUE, APT. 9J MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOSCHELLA, ANTONIO JOSE 899 WEST AVENUE, APT. 9J MIAMI BEACH, FL 33139 ☐ 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: Gustavo Portuese	Date 04/27/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

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