

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116142

Entity Name: IBERLA, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

21218 ST. ANDREWS BOULEVARD
#616
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21218 ST. ANDREWS BOULEVARD
#616
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 20-3883360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAILE, DOMINIQUE
21218 ST. ANDREWS BOULEVARD
#616
BOCA RATON, FL 33433 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: MGR () Delete
Name: VERATI INTERNATIONAL, , LLC
Address: 21218 ST. ANDREWS BOULEVARD, #616
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: FRAILE, DOMINIQUE
Address: 21218 ST. ANDREWS BOULEVARD, #616
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: FRAILE, DENISE
Address: 21218 ST. ANDREWS BOULEVARD, #616
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: DOMINIQUE FRAILE

MGR

04/11/2006

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