

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117099

Entity Name: CASS INVERSIONES, LC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

7202 N.W. 84TH AVE.
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7202 N.W. 84TH AVE.
MIAMI, FL 33166 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSINGENA, FERNANDO S
7202 NW 84TH AVE
MIAMI, FL 33166 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: MGRM () Delete
Name: CASSINGENA, FERNANDO S
Address: 7202 NW 84 AVE
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM () Delete
Name: CASSINGENA, MANUEL E
Address: AVE. MICHELENA C.C. ARA,NAVE F LOCAL114
City-St-Zip: VALENCIA, CA 2001 VE

Title: MGRM () Delete
Name: CASSINGENA, EMMANUEL C SR.
Address: AVE. MICHELENA C.C. ARA,NAVE F LOCAL114
City-St-Zip: VALENCIA, CA 2001 VE

Title: MGRM () Delete
Name: BAHASAS, TAREK
Address: AVE. MICHELENA C.C. ARA,NAVE F LOCAL114
City-St-Zip: VAELNCIA, CA 2001 VE

Title: MGRM () Delete
Name: ROSALES, LUIS A
Address: AVE. MICHELENA C.C. ARA,NAVE F LOCAL114
City-St-Zip: VALENCIA, CA 2001 VE

Title: MGRM () Delete
Name: AVILA, RAFAEL E
Address: AVE. MICHELENA C.C. ARA,NAVE F LOCAL114
City-St-Zip: VALENCIA, CA 2001 VE

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:

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 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: FERNANDO CASSINGENA

MGRM

04/28/2008

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