2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L05000117582

Entity Name: CAPRI INTERNATIONAL VENTURES, LLC

Current Principal Place of Business:

5700 COLLINS AVENUE, NO. 11M
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5700 COLLINS AVENUE, NO. 11M
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 06-1763512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRISALES-RACINI, OSCAR ESQ.
2999 N.E. 191ST STREET
CONCORD CENTRE II, PH-8
AVENTURA, FL 33180 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: SALVIA, RAFAEL
Address: 5700 COLLINS AVENUE, NO. 11M
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: BOTTA, ANTONIO
Address: 5700 COLLINS AVENUE, #11M
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR ( ) Change (X) Addition
Name: PALMISCIANO, JOSE LUIS
Address: 5700 COLLINS AVENUE #11M
City-St-Zip: MIAMI BEACH, FL 33140

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: RAFAEL SALVIA MGR 04/18/2006

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