2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118699

Entity Name: LABCO IMPORT & EXPORT, L L C

1895 WEST FLAGER ST, SUITE 272

MIAMI, FL 33135

Address:

City-St-Zip:

FILED Mar 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1895 WEST FLAGER ST. SUITE 272 MIAMI, FL 33135 **Current Mailing Address: New Mailing Address:** 1895 WEST FLAGER ST, SUITE 272 MIAMI, FL 33135 FEI Number: 20-4427872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALIZIA, GIOVANBATISTA 1895 WEST FLAGER ST SUITE 272 MIAMI, FL 33135 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JIMENEZ, ALBERTO Name: Name: 1895 WEST FLAGER ST, SUITE 272 Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition RODRIGUEZ, CARLOS Name: Name: Address: 1895 WEST FLAGER ST, SUITE 272 Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GALIZIA, GIOVANBATISTA Name: Name: 1895 WEST FLAGER ST, SUITE 272 Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition CARDELINO, OSCAR Name: Name: 1895 WEST FLAGER ST, SUITE 272 Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RIVAS, LUIS F Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: GALIZIA GIOVANBATISTA MGRM 03/06/2006