

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2006 8:00 am**  
**Secretary of State**

08-02-2006 90048 035 \*\*\*\*50.00

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|---|--|--|--|--|--|
| <b>DOCUMENT # L05000123682</b>  |  |  |  |  |  |
| <b>1. Entity Name</b><br>DELVALE IMPORTS, LLC   |  |  |  |  |  |
| <b>Principal Place of Business</b><br>1410 E. ALTAMONTE DR.<br>ALAMONTE SPRINGS, FL 32701   |  |  | <b>Mailing Address</b><br>5642 MAGNOLIA BLOOM TERRACE<br>OVIEDO, FL 32765  |  |  |
| <b>2. Principal Place of Business</b><br>5642 Magnolia Bloom Tr.  |  | <b>3. Mailing Address</b>                                    |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| <b>City &amp; State</b><br>OVIEDO   |  | <b>City &amp; State</b>                                      |  | <b>4. FEI Number</b><br>41-2192826   |  |
| <b>Zip</b><br>32765   |  | <b>Country</b><br>SEMINOLE                                   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>PEREZ, VALERIO<br>5238 ANDREA BLVD.<br>ORLANDO, FL 32807  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| <b>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.</b>  |  |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>DELGADO, LAZARO M<br>5642 MAGNOLIA BLOOM TERRACE<br>OVIEDO, FL 32765 | <input type="checkbox"/> Delete                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PEREZ, VALERIO<br>5238 ANDREA BLVD.<br>ORLANDO, FL 32807             | <input type="checkbox"/> Delete                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  |  |  |
| <b>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.</b> |  |  |  |  |  |
| <b>SIGNATURE:</b> <u>Valerio Perez</u> <b>VALERIO PEREZ</b> <u>7/31/06</u> <u>407383-3217</u>   |  |  |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  |  |  |  |