

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005679

FILED
Apr 04, 2007
Secretary of State

Entity Name: INTER-AMERICAN CONCILIATION, ARBITRATION AND MEDIATION CENTER, LLC

Current Principal Place of Business:

2250 NW 136TH AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

2250 NW 136TH AVENUE
PEMBROKE PINES, FL 33028

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:

TOVAR, JOSE G
1900 NW 168TH AVENUE
PEMBROKE PINES, FL 33028 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: FRANCO, OSCAR J
Address: 572 CASCADE FALLS DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: FRANCO, ALEJANDRO E
Address: 572 CASCADE FALLS DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: TOVAR, JOSE G
Address: 1900 NW 168TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: JOSE G. TOVAR

MGRM

04/04/2007

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