

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90019 021 \*\*\*138.75

**DOCUMENT # L06000022008**

1. Entity Name  
**IUTI INVESTMENTS, LLC**



Principal Place of Business  
**20225 N.E. 34 COURT, #511  
AVENTURA, FL 33180**

Mailing Address  
**20225 N.E. 34 COURT, #511  
AVENTURA, FL 33180**

**50005080**



2. Principal Place of Business - No P.O. Box #  
**2775 NE 187 ST.**

3. Mailing Address  
**2775 NE 187 ST.**

Suite, Apt. #, etc.  
**Suite 516**

Suite, Apt. #, etc.  
**Suite 516**

City & State  
**Aventura, Florida**

City & State  
**Aventura, Florida**

Zip  
**33180**

Country  
**U.S.A.**

Zip  
**33180**

Country  
**U.S.A.**

04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4415949**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PULIDO, CARLOS H  
20225 NE COURT #511  
AVENTURA, FL 33180**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGRM** ☐ Delete  
NAME  
**PULIDO, CARLOS H**  
STREET ADDRESS  
**20225 N.E. 34 COURT, #511**  
CITY-ST-ZIP  
**AVENTURA, FL 33180**

TITLE  
**MGRM** ☐ Delete  
NAME  
**ESCOBAR, LUZ E**  
STREET ADDRESS  
**20225 N.E. 34 COURT, #511**  
CITY-ST-ZIP  
**AVENTURA, FL 33180**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
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CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
**Member** ☐ Change ☒ Addition  
NAME  
**IUTI S.A.**  
STREET ADDRESS  
**urb. San Bernardino, Sector La Palmita**  
CITY-ST-ZIP  
**Quinta Caricuena  
Caracas, Venezuela**

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
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TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]*

**Carlos Pulido Manager**

**04/11/08**

**3055081576**