
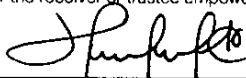


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90192 028 ****50.00

DOCUMENT # L06000028509					
1. Entity Name TRIDELCA, LLC					
Principal Place of Business 6700 NW 114TH AVE. #906 DORAL, FL 33178			Mailing Address 6700 NW 114TH AVE. #906 DORAL, FL 33178		
2. Principal Place of Business - No P.O. Box # 10300 NW 19TH STREET		3. Mailing Address 10300 NW 19TH. STREET			
Suite, Apt. #, etc. SUITE 104		Suite, Apt. #, etc. SUITE 104			
City & State DORAL, FL		City & State DORAL, FL			
Zip 33172	Country U.S.A.	Zip 33172	Country USA	02222007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4513087				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL SALVER, P.A. 2721 EXECUTIVE PARK DRIVE #3 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME CASTRO, WILLBURG STREET ADDRESS CALLE LA ALMEDA EDIF ALAMEDA REGENCY PISO CITY-ST-ZIP APT. 32 EL ROSAL, CARACAS V.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGE NAME BEJARANO, JUAN CARLOS STREET ADDRESS CARRERA 5 #17 URBANIZACION DELFIN MENDOZA CITY-ST-ZIP TUCUPITA EDO DELTA AMACURO V,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGE NAME HERNANDEZ, RENE STREET ADDRESS AV. GUASIMA QTA. SAN ANTONIO CITY-ST-ZIP TUCUPITA EDO DELTA AMACURO V,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HARADA, HIROSHI STREET ADDRESS 6700 NW 114TH AVE., #906 CITY-ST-ZIP DORAL, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			02/22/07 (305) 629-8715		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		