2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# L06000074216

Entity Name: COPA DE VETERANOS DE LAS AMERICAS, LLC

Current Principal Place of Business:

9833 POPLAR PLACE
ORLANDO, FL 32827

New Principal Place of Business:

8803 ABBEY LEAF LN
ORLANDO, FL 32827

Current Mailing Address:

9833 POPLAR PLACE
ORLANDO, FL 32827

New Mailing Address:

8803 ABBEY LEAF LN
ORLANDO, FL 32827

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MONTES, MANUEL H
9833 POPLAR PLACE
ORLANDO, FL 32827 US

Name and Address of New Registered Agent:

MONTES, MANUEL H
8803 ABBEY LEAF LN
ORLANDO, FL 32827 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: 07/06/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MONTES, MANUEL H
Address: 9833 POPLAR PLACE
City-St-Zip: ORLANDO, FL 32827

Title: MGR ( ) Delete
Name: MARTINEZ, A
Address: 1107 PARTRIDGE LANE
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MONTES, MANUEL H
Address: 8803 ABBEY LEAF LN
City-St-Zip: ORLANDO, FL 32827

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MANUEL MONTES MGR 07/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date