


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90185 019 *****55.00

DOCUMENT # L06000079443

1. Entity Name
GRAM OVERSEAS LLC



Principal Place of Business
**11028 SOUTHWEST, 112 AVENUE
 MIAMI, FL 33176-3215**

Mailing Address
**11028 SOUTHWEST, 112 AVENUE
 MIAMI, FL 33176-3215**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5436237

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

6. Name and Address of Current Registered Agent
**A1A REGISTERED AGENT INC.
 92 SADBERRY RD
 QUINCY, FL 32351**

7. Name and Address of New Registered Agent
 Name **BEATRIZ PEREZ-ANGULO**
 Street Address (P.O. Box Number is Not Acceptable)
11028 SOUTHWEST, 112 AVENUE
 City **Miami** FL Zip Code **33176-3215**

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 *Rubi D. Duaya* DATE Jan 6, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMAYA, RUBEN A TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA, <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	MGRM RINCON, NIEVES TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA, <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	MGRM MEJIAS, SORAYA TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA, <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	MGRM GRUBER, MAGALY TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA, <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: *Rubi D. Duaya* DATE Jan 6, 2007 (305) 279 0807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #