

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093336

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: MOUTOGLIS INVESTMENTS, LLC

**Current Principal Place of Business:**

CALLE 83 # 43 B 50  
AMPARO, MARACAIBO, . VENEZUELA

**New Principal Place of Business:**

**Current Mailing Address:**

4954 POND RIDGE DR  
RIVERVIEW, FL 33569

**New Mailing Address:**

FEI Number: 20-8945652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IBANEZ GUILLEN, OMAR A  
4954 POND RIDGE DR  
RIVERVIEW, FL 33569 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: MGR ( ) Delete  
Name: IBANEZ, JOSE A  
Address: CALLE 83 # 43 B 50  
City-St-Zip: AMPARO, MARACAIBO, . VENEZUELA

Title: MGR ( ) Delete  
Name: IBANEZ, OMAR A  
Address: 4954 POND RIDGE DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: MGR ( ) Delete  
Name: IBANEZ DE MOLERO, ELSI M  
Address: CALLE 83 # 43 B 50  
City-St-Zip: AMPARO, MARACAIBO, . VENEZUELA

**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 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: OMAR A IBANEZ GUILLEN

MRG

01/17/2008

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