

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90336 036 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000116093</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |  |                                                                   |
| 1. Entity Name<br>VGA INTERNATIONAL, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                                                   |                                                                   |
| Principal Place of Business<br>901 PONCE DE LEON BLVD STE 603<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     | Mailing Address<br>901 PONCE DE LEON BLVD STE 603<br>CORAL GABLES, FL 33134       |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | 3. Mailing Address                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     | Suite, Apt. #, etc.                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | City & State                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                             | Zip                                                                               | Country                                                           |
| 4. FE Number<br>#26-0247802                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     | Applied For<br>Not Applicable                                                     |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     | \$5.00 Additional Fee Required                                                    |                                                                   |
| 6. Name and Address of Current Registered Agent<br>ALBORNOZ, WILLIAM H<br>901 PONCE DE LEON BLVD STE 603<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     | 7. Name and Address of New Registered Agent                                       |                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     | Name                                                                              |                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     | Street Address (P.O. Box Number is Not Acceptable)                                |                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     | City                                                                              |                                                                   |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     | FL                                                                                |                                                                   |
| 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 releasing)                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                   |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     | Make check payable to<br>Florida Department of State                              |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>VILLEGAS, ANDRES<br>901 PONCE DE LEON BLVD STE 603<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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: X AVillegas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     | Andres Villegas 4/27/07 786 554 5581                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     | Date Cayman Phone #                                                               |                                                                   |

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