

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119454

**FILED**  
**Mar 24, 2008**  
**Secretary of State**

**Entity Name:** PROCUREMENT LATIN AMERICA, LLC

**Current Principal Place of Business:**

2250 NW 136TH AVENUE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

2250 NW 136TH AVENUE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

PO BOX 732  
HEMPSTEAD, TX 77445

FEI Number: 20-8412433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TOVAR, IIEANA A  
2250 NW 136TH AVENUE  
PEMBROKE PINES, FL 33028 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: LOYNAZ, OSCAR  
Address: 2250 NW 136TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR (X) Delete  
Name: ORTIZ, ANNA D  
Address: 27507 ROCK ISLAND RD  
City-St-Zip: HAMPSTEAD, TX 77445

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ORTIZ, ANNA D  
Address: 27507 ROCK ISLAND RD  
City-St-Zip: HAMPSTEAD, TX 77445

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: ANNA ORTIZ

MRS

03/24/2008

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